

**Fill in this information to identify the case:**

Debtor name Atlas Health Care Linen Services Co., LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31753-5

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2019

**X** /s/ John Giardino

Signature of individual signing on behalf of debtor

John Giardino

Printed name

Chief Executive Officer

Position or relationship to debtor

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**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 10,423,769.73

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 10,423,769.73

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 21,925,384.50

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 173,303.90

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 4,915,114.92

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 27,013,803.32

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## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**2. Cash on hand**

\$700.00

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$700.00

#### Part 2: Deposits and Prepayments

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Security deposit with National Fuel (Buffalo location)

\$16,100.00

7.2. Security deposit with National Grid (Buffalo location)

\$3,886.72

7.3. Security deposit with National Grid (Syracuse location)

\$9,070.84

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7.4. Security deposit with National Grid (Troy location) \$6,485.81

7.5. Security deposit with Duquesne Light (Pittsburgh location) \$1,874.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Pre-payment for city and school taxes paid to Treasurer for City and School District of Pittsburgh \$7,203.43

8.2. 2018 property and sewer taxes and rent paid to 60 Grider LLC \$9,508.00

8.3. Pre-payment for 2018 Erie County taxes paid to 60 Grider LLC \$1,248.48

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$55,377.28

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 3,985,163.26 - 119,554.90 = .... \$3,865,608.36  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 701,971.35 - 246,125.72 = .... \$455,845.63  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$4,321,453.99

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

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	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<b>Raw materials</b>				
20.	<b>Work in progress</b>				
21.	<b>Finished goods, including goods held for resale</b>				
22.	<b>Other inventory or supplies</b> Linens in service (Buffalo, Syracuse and Troy locations)		\$2,742,345.00		\$2,742,345.00

23.	<b>Total of Part 5.</b> Add lines 19 through 22. Copy the total to line 84.				\$2,742,345.00
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24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☐ No

☒ Yes. Book value 0.00 Valuation method  Current Value 428,426.56

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> Miscellaneous office furniture and fixtures used in the Debtor's business operations consisting of desks, chairs, lockers, exhaust fans, and other related office furniture and fixtures (Buffalo and Syracuse locations)	\$8,268.74	Book value	\$8,268.74

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

Miscellaneous office equipment and computers \$12,090.50 Book value \$12,090.50

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used in the Debtor's business operations  
consisting of computers, telephone systems,  
computer software programs, printers, barcode  
handhelds, laptops and other related office  
equipment (Buffalo, Syracuse and Troy locations)

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$20,359.24

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)

**Net book value of  
debtor's interest**  
(Where available)

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Miscellaneous machinery and equipment used in the Debtor's business operations consisting of washers, dryers, carts, forklifts, welders, shelving parts, band saws, sewing machines and other related machinery and equipment

\$2,090,331.88

Book value

\$2,090,331.88

Miscellaneous leased equipment under a certain capital lease which contains an option to own at the end of the capital lease; equipment consists of washers, dryers, scrubbers, folders, shrink wrap machines, floor scales, forklifts, irons and other related equipment

\$0.00

\$1,193,202.34

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,283,534.22

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52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No  
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. Lease of real property located at 60 Grider Street, Buffalo, New York 14215

\$0.00

\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

**General description**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

Interest in website: www.claruslinens.com

\$0.00

\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

Debtor Atlas Health Care Linen Services Co., LLC Case number (If known) 18-31753-5  
Name  
  
Miscellaneous customer lists for Buffalo, Syracuse  
and Troy, New York locations Unknown Unknown

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.



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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	\$700.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$55,377.28	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$4,321,453.99	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$2,742,345.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$20,359.24	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$3,283,534.22	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column	\$10,423,769.73	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		\$10,423,769.73

**Fill in this information to identify the case:**

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United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

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☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<p><b>HSBC Bank USA, National Association</b> Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b> October 29, 2013</p> <p><b>Last 4 digits of account number</b> 6392</p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p><b>Describe the lien</b> Revolving Line of Credit</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$12,000,000.00	Unknown
2.2	<p><b>HSBC Bank USA, National Association</b> Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b> October 29, 2013</p> <p><b>Last 4 digits of account number</b></p>	<p><b>Describe debtor's property that is subject to a lien</b> All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p><b>Describe the lien</b> Revolving Line of Credit</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	\$2,500,000.00	Unknown

Debtor Atlas Health Care Linen Services Co., LLC  
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Case number (if know) 18-31753-5

6376

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.3 HSBC Bank USA, National Association  
Creditor's Name

452 Fifth Avenue  
New York, NY 10018  
Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

October 29, 2013

**Last 4 digits of account number**  
6200

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$5,076,734.21

Unknown

**Describe the lien**

Revolving Line of Credit

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.4 HSBC Bank USA, National Association  
Creditor's Name

452 Fifth Avenue  
New York, NY 10018  
Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

October 29, 2013

**Last 4 digits of account number**  
6400

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$920,625.00

Unknown

**Describe the lien**

Term Debt B

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes  
**Is anyone else liable on this claim?**  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.5 HSBC Bank USA, National Association  
Creditor's Name

**Describe debtor's property that is subject to a lien**

\$1,428,025.29

Unknown

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Creditor's Name

452 Fifth Avenue  
New York, NY 10018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number

6418

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

Describe the lien

Equipment Line of Credit

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$21,925,384.  
50

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

HSBC Bank USA, National Association  
c/o Hahn & Hessen LLP  
488 Madison Avenue  
New York, NY 10022

Line 2.1

HSBC Bank USA, National Association  
c/o Phillips Lytle LLP  
One Canalside  
125 Main Street  
Buffalo, NY 14203

Line 2.2

**Fill in this information to identify the case:**

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United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

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☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Allegheny County Treasurer Room 108 Courthouse 436 Grant Street Pittsburgh, PA 15219</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>0000</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Rent and property tax (Pittsburgh location)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,979.50	Unknown
2.2	<p>Priority creditor's name and mailing address</p> <p>City of Pittsburgh Treasurer Real Estate Taxes 414 Grant Street Pittsburgh, PA 15219-2476</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>0276</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Facility maintenance (Pittsburgh location)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$43,220.60	Unknown

Debtor	Name	Case number (if known)	18-31753-5
2.3	Priority creditor's name and mailing address City of Troy 433 River Street, Suite 5001 Troy, NY 12180	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,015.77    Unknown
	Date or dates debt was incurred  Last 4 digits of account number <u>4316</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Rent and property tax (Troy location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Commissioner of Finance City Hall, Room 122 233 East Washington Street Syracuse, NY 13202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$34,141.65    Unknown
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Rent and property tax - City/School (Syracuse location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Commissioner of Finance City Hall, Room 122 233 East Washington Street Syracuse, NY 13202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83,946.38    Unknown
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Rent and property tax - Onondaga County (Syracuse location)  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00    \$0.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice only  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Atlas Health Care Linen Services Co., LLC		Case number (if known)	18-31753-5
2.7	<p>Priority creditor's name and mailing address</p> <p>NYS Department of Taxation &amp; Finance Attn: Bankruptcy Unit P.O. Box 5300 Albany, NY 12205-0300</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.8	<p>Priority creditor's name and mailing address</p> <p>NYS Sales Tax W.A. Harriman Campus Bldg. 9 Albany, NY 12227</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only (Syracuse, Buffalo and Troy locations)</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.9	<p>Priority creditor's name and mailing address</p> <p>PA Department of Revenue 15 W 3rd Street, Fl 2 Greensburg, PA 15601</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.10	<p>Priority creditor's name and mailing address</p> <p>U.S. Securities &amp; Exchange Commission Northeast Regional Office 200 Vesey Street, Suite 400 New York, NY 10281</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00	\$0.00

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Atlas Health Care Linen Services Co., LLC <small>Name</small>	Case number (if known)	18-31753-5
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3.1	<b>Nonpriority creditor's name and mailing address</b> 32BJ Benefit Funds 25 West 18th Street New York, NY 10011-4676  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,009.99
3.2	<b>Nonpriority creditor's name and mailing address</b> 60 Grider LLC 188 Bidwell Parkway Buffalo, NY 14222  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities paid to affiliate (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182,596.92
3.3	<b>Nonpriority creditor's name and mailing address</b> 60 Grider LLC 188 Bidwell Parkway Buffalo, NY 14222  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rent paid to affiliate (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168,843.76
3.4	<b>Nonpriority creditor's name and mailing address</b> A. Village Locksmith 6926 Erie Road Derby, NY 14047  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.85
3.5	<b>Nonpriority creditor's name and mailing address</b> ACA Enterprises 870 North Woodland Avenue Clyde, OH 43410  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.21
3.6	<b>Nonpriority creditor's name and mailing address</b> ACA Enterprises 870 North Woodland Avenue Clyde, OH 43410  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,053.63
3.7	<b>Nonpriority creditor's name and mailing address</b> ACN Companies, LLC 1415 Shoreland Drive North Vero Beach, FL 32963  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Arrears under Master Lease Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$428,516.16



Debtor	Atlas Health Care Linen Services Co., LLC <small>Name</small>	Case number (if known)	18-31753-5
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3.8	<b>Nonpriority creditor's name and mailing address</b> Air Compressor Engineering Co., Inc. P.O. Box 738 Westfield, MA 01086  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,138.54</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	<b>Nonpriority creditor's name and mailing address</b> Airgas USA, LLC 6055 Rockside Woods Boulevard Independence, OH 44131  Date(s) debt was incurred _____ Last 4 digits of account number <u>7942</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$276.48</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	<b>Nonpriority creditor's name and mailing address</b> Airline Hydraulics Corp. P.O. Box 782275 Philadelphia, PA 19178-2275  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	<b>Nonpriority creditor's name and mailing address</b> Albany Fire Extinguisher 215 Watervliet Shaker Road Watervliet, NY 12189  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	<b>Nonpriority creditor's name and mailing address</b> Allentown Industries Business Office 2643 Main Street Buffalo, NY 14214  Date(s) debt was incurred _____ Last 4 digits of account number <u>0309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$28,475.38</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>GPO Fees (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	<b>Nonpriority creditor's name and mailing address</b> Allied Electronics Inc. Attn: Accounts Receivable Dept. P.O. Box 2325 Fort Worth, TX 76113-2325  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> Allied Electronics Inc. Attn: Accounts Receivable Dept. P.O. Box 2325 Fort Worth, TX 76113-2325  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$425.77</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Atlas Health Care Linen Services Co., LLC <small>Name</small>	Case number (if known)	18-31753-5
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3.15	<b>Nonpriority creditor's name and mailing address</b> Alpha Analytical, Inc. 145 Flanders Road Westborough, MA 01581  Date(s) debt was incurred _____ Last 4 digits of account number <u>AHCLS-ISLE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,252.00
3.16	<b>Nonpriority creditor's name and mailing address</b> Amcom Office Systems 3600 McClaren Woods Drive Coraopolis, PA 15108  Date(s) debt was incurred _____ Last 4 digits of account number <u>AH03</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Office supplies (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,511.47
3.17	<b>Nonpriority creditor's name and mailing address</b> American Arbitration Association 13727 Noel Road, Suite 700 Dallas, TX 75240  Date(s) debt was incurred _____ Last 4 digits of account number <u>1064</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
3.18	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. 116 Bethea Road Suite 424 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number <u>ALIN</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409,442.99
3.19	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. P.O. Box 140439 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,115.06
3.20	<b>Nonpriority creditor's name and mailing address</b> American Associated Cos., Inc. 116 Bethea Road Suite 424 Fayetteville, GA 30214  Date(s) debt was incurred _____ Last 4 digits of account number <u>ATRO</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249,596.50
3.21	<b>Nonpriority creditor's name and mailing address</b> American Dawn, Inc. 401 W. Artesia Blvd. Compton, CA 90220  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Money loaned</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,392.59

Debtor	Atlas Health Care Linen Services Co., LLC		Case number (if known)	18-31753-5
Name				

  

3.22	<b>Nonpriority creditor's name and mailing address</b> American Food & Vending 124 Metropolitan Park Drive Liverpool, NY 13088  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Office supplies (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.60
<hr/>			
3.23	<b>Nonpriority creditor's name and mailing address</b> American Lubricants, Inc. 619 Bailey Avenue Buffalo, NY 14206  Date(s) debt was incurred ____ Last 4 digits of account number <u>2828</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,977.98
<hr/>			
3.24	<b>Nonpriority creditor's name and mailing address</b> American Zurich Insurance Company One Liberty Plaza 165 Broadway, 32nd Floor New York, NY 10006  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Action pending in New York State Supreme Court, Erie County</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.25	<b>Nonpriority creditor's name and mailing address</b> Amrex Chemical Co., Inc. 117 E. Frederick Street P.O. Box 642 Binghamton, NY 13902  Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Chemicals (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,774.00
<hr/>			
3.26	<b>Nonpriority creditor's name and mailing address</b> Amrex Chemical Co., Inc. 117 E. Frederick Street P.O. Box 642 Binghamton, NY 13902  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Chemicals (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,722.00
<hr/>			
3.27	<b>Nonpriority creditor's name and mailing address</b> Applied Industrial Technologies 405 Parkway View Drive Pittsburgh, PA 15205-1408  Date(s) debt was incurred ____ Last 4 digits of account number <u>6157</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,814.97
<hr/>			
3.28	<b>Nonpriority creditor's name and mailing address</b> Applied Industrial Technologies 22510 Network Place Chicago, IL 60673-1225  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Atlas Health Care Linen Services Co., LLC <small>Name</small>	Case number (if known)	18-31753-5
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3.29	<b>Nonpriority creditor's name and mailing address</b> Atlas Copco Compressors LLC 92 Interstate Drive West Springfield, MA 01089 Date(s) debt was incurred _____ Last 4 digits of account number <u>0726</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,915.31
3.30	<b>Nonpriority creditor's name and mailing address</b> B & L Control Service Inc. 1448 Saratoga Road Ballston Spa, NY 12020 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$801.12
3.31	<b>Nonpriority creditor's name and mailing address</b> B.J. Muirhead Co., Inc. 115 Mid Country Drive Orchard Park, NY 14127 Date(s) debt was incurred _____ Last 4 digits of account number <u>L222</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,268.59
3.32	<b>Nonpriority creditor's name and mailing address</b> Barber Welding 2517 State Route 31 West P.O. Box 690 Weedsport, NY 13166-0690 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,598.56
3.33	<b>Nonpriority creditor's name and mailing address</b> Barcode Discount P.O. Box 0776 Chicago, IL 60690-0776 Date(s) debt was incurred _____ Last 4 digits of account number <u>3575</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Other production expenses (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.40
3.34	<b>Nonpriority creditor's name and mailing address</b> Bearing Distributors Inc. P.O. Box 236 Troy, NY 12181 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.35	<b>Nonpriority creditor's name and mailing address</b> Bonnet Sales & Service 864 County Route 37 Central Square, NY 13036 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,541.64

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3.36	<b>Nonpriority creditor's name and mailing address</b> Brady Systems 811 North Alvord Street Syracuse, NY 13208-2015  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.37	<b>Nonpriority creditor's name and mailing address</b> Brenntag Northeast Inc. P.O. Box 62111 Baltimore, MD 21264-2111  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.38	<b>Nonpriority creditor's name and mailing address</b> Buffalo Exterminating Co. 505 Duke Road, Suite 300 Buffalo, NY 14225-5142  Date(s) debt was incurred _____ Last 4 digits of account number <u>5709</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,018.90
3.39	<b>Nonpriority creditor's name and mailing address</b> Building Service 32BJ Health Fund c/o Raab, Sturm, & Ganchrow, LLP 2125 Center Avenue, Suite 100 Fort Lee, NJ 07024  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Settlement in District Court Action</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,732.00
3.40	<b>Nonpriority creditor's name and mailing address</b> Cardish Machine Works, Inc. 7 Elm Street Watervliet, NY 12189  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,907.28
3.41	<b>Nonpriority creditor's name and mailing address</b> Carr Recruiting Solutions 15 E. Genesee Street Baldwinsville, NY 13027  Date(s) debt was incurred _____ Last 4 digits of account number <u>3239</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,867.46
3.42	<b>Nonpriority creditor's name and mailing address</b> Caster Connections, Inc. 2380 International Street Columbus, OH 43228  Date(s) debt was incurred _____ Last 4 digits of account number <u>CLARUS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,685.13

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3.43	<b>Nonpriority creditor's name and mailing address</b> Catseye Pest Control 31 Commercial Drive Castleton on Hudson, NY 12033 Date(s) debt was incurred ____ Last 4 digits of account number <u>6466</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$550.80</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	<b>Nonpriority creditor's name and mailing address</b> Central Pension Fund Source A P.O. Box 418433 Boston, MA 02241-8433 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	<b>Nonpriority creditor's name and mailing address</b> Certified Laboratories 23261 Network Place Chicago, IL 60673-1232 Date(s) debt was incurred ____ Last 4 digits of account number <u>4678</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,137.09</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	<b>Nonpriority creditor's name and mailing address</b> Chicago Dryer Company 23731 Network Place Chicago, IL 60673-1237 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$6,431.10</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	<b>Nonpriority creditor's name and mailing address</b> Chuck's Fire Equipment P.O. Box 11183 Syracuse, NY 13218 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,584.47</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> Cima Energy 100 Waugh Drive Suite 500 Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$14,003.45</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> Cintas Corp. #013 40 Abele Road Bridgeville, PA 15017 Date(s) debt was incurred ____ Last 4 digits of account number <u>7331</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$724.20</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Benefits (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.50	<b>Nonpriority creditor's name and mailing address</b> Cintas Corp. #782 5740 Genesee Street Lancaster, NY 14086  Date(s) debt was incurred _____ Last 4 digits of account number <u>6263</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,718.83
<hr/>			
3.51	<b>Nonpriority creditor's name and mailing address</b> Cintas Corp. - 617 P.O. Box 630803 Cincinnati, OH 45263-0803  Date(s) debt was incurred _____ Last 4 digits of account number <u>5541</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,069.19
<hr/>			
3.52	<b>Nonpriority creditor's name and mailing address</b> Cintas Corporation 7655 Henry Clay Boulevard Liverpool, NY 13088-3507  Date(s) debt was incurred _____ Last 4 digits of account number <u>4310</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,372.46
<hr/>			
3.53	<b>Nonpriority creditor's name and mailing address</b> City Electric P.O. Box 1018 Syracuse, NY 13201  Date(s) debt was incurred _____ Last 4 digits of account number <u>1810</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,065.02
<hr/>			
3.54	<b>Nonpriority creditor's name and mailing address</b> City of Troy Water Department Treasurer's Office 433 River Street, Suite 5001 Troy, NY 12180-2238  Date(s) debt was incurred _____ Last 4 digits of account number <u>3161</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129,417.40
<hr/>			
3.55	<b>Nonpriority creditor's name and mailing address</b> COGZ Systems, LLC 58 Steeple View Lane Woodbury, CT 06798  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$854.00
<hr/>			
3.56	<b>Nonpriority creditor's name and mailing address</b> Colmac 401 North Lincoln P.O. Box 72 Colville, WA 99114  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,111.20

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3.57	<b>Nonpriority creditor's name and mailing address</b> Colonial Life 1201 Avery Avenue Columbia, SC 29210-7654  Date(s) debt was incurred _____ Last 4 digits of account number <u>6824</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,769.60
3.58	<b>Nonpriority creditor's name and mailing address</b> Commercial Trailer Leasing, Inc. 103 Eisenhower Parkway Suite 300 Roseland, NJ 07068  Date(s) debt was incurred _____ Last 4 digits of account number <u>A006</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,061.76
3.59	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,510.00
3.60	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00
3.61	<b>Nonpriority creditor's name and mailing address</b> Computer Software Architects LLC 601 21st Street, Suite 300 Vero Beach, FL 32960  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,540.00
3.62	<b>Nonpriority creditor's name and mailing address</b> Concentra Occupational Health Centers of Southwest PA PC P.O. Box 8750 Elkridge, MD 21075-8750  Date(s) debt was incurred _____ Last 4 digits of account number <u>7190</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$968.50
3.63	<b>Nonpriority creditor's name and mailing address</b> Consolidated International Corp. P.O. Box 3428 Palos Verdes Peninsula, CA 90274  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00



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3.64	<b>Nonpriority creditor's name and mailing address</b> Conveyor & Caster Corp. P.O. Box 901802 Cleveland, OH 44190-1802  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.65	<b>Nonpriority creditor's name and mailing address</b> Craft Products Company 2014-B Babcock Boulevard Pittsburgh, PA 15209  Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,682.44
<hr/>			
3.66	<b>Nonpriority creditor's name and mailing address</b> Cramer Co. 56 Chauncey Avenue, Toronto Ontario, Canada M8Z 2Z4  Date(s) debt was incurred _____ Last 4 digits of account number <u>3202</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,804.85
<hr/>			
3.67	<b>Nonpriority creditor's name and mailing address</b> Crouse - Telephone Crouse Business Center, 1st Floor 736 Irving Avenue Syracuse, NY 13210  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$785.88
<hr/>			
3.68	<b>Nonpriority creditor's name and mailing address</b> Crouse Health Hospital Business Center 736 Irving Avenue, 1st Floor Attn: Michele Spenard Syracuse, NY 13210  Date(s) debt was incurred _____ Last 4 digits of account number <u>5765</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.69	<b>Nonpriority creditor's name and mailing address</b> Culligan Water 131 Little Britain Road Newburgh, NY 12550  Date(s) debt was incurred _____ Last 4 digits of account number <u>3930</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$272.95
<hr/>			
3.70	<b>Nonpriority creditor's name and mailing address</b> D & W Diesel Inc. 1503 Clark Street Road Auburn, NY 13021  Date(s) debt was incurred _____ Last 4 digits of account number <u>6075</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,880.90

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3.71	<b>Nonpriority creditor's name and mailing address</b> Davis Vision, Inc. P.O. Box 1416 Latham, NY 12110-1406 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,271.03
3.72	<b>Nonpriority creditor's name and mailing address</b> DeGroot Management Services P.O. Box 502 Syracuse, NY 13214 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.73	<b>Nonpriority creditor's name and mailing address</b> Department of Water P.O. Box 5268 Binghamton, NY 13902-5268 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,896.78
3.74	<b>Nonpriority creditor's name and mailing address</b> Direct Energy 1001 Liberty Avenue Attn: Customer Relations Pittsburgh, PA 15222 Date(s) debt was incurred ____ Last 4 digits of account number <u>4850</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,645.14
3.75	<b>Nonpriority creditor's name and mailing address</b> Direct Energy Business P.O. Box 32179 New York, NY 10087-2179 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,718.76
3.76	<b>Nonpriority creditor's name and mailing address</b> Direct Energy Business P.O. Box 32179 New York, NY 10087-2179 Date(s) debt was incurred ____ Last 4 digits of account number <u>5115</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,759.47
3.77	<b>Nonpriority creditor's name and mailing address</b> Direct Energy Business P.O. Box 32179 New York, NY 10087-2179 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,786.33

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3.78	<b>Nonpriority creditor's name and mailing address</b> Direct Energy Business 1001 Liberty Avenue Pittsburgh, PA 15222  Date(s) debt was incurred _____ Last 4 digits of account number <u>3402</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,230.68
3.79	<b>Nonpriority creditor's name and mailing address</b> Direct Energy Business - 7798 1001 Liberty Avenue Pittsburgh, PA 15222  Date(s) debt was incurred _____ Last 4 digits of account number <u>7798</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,535.50
3.80	<b>Nonpriority creditor's name and mailing address</b> Dival Safety Equipment, Inc. 1721 Niagara Street Buffalo, NY 14207  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo and Syracuse locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.81	<b>Nonpriority creditor's name and mailing address</b> Douglas Industrial Co. 811 Tenth Street Watervliet, NY 12189-9133  Date(s) debt was incurred _____ Last 4 digits of account number <u>2126</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$434.43
3.82	<b>Nonpriority creditor's name and mailing address</b> Duquesne Light 411 Seventh Avenue, MD 6-1 Pittsburgh, PA 15230-1930  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	<b>Nonpriority creditor's name and mailing address</b> Dwight Coker DC Snow Plowing 2610 South Salina Street, Suite 2C Syracuse, NY 13205  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
3.84	<b>Nonpriority creditor's name and mailing address</b> Eastern Managed Print Network Lockbox #3992 P.O. Box 8500 Philadelphia, PA 19178-3992  Date(s) debt was incurred _____ Last 4 digits of account number <u>0368</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Marketing (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$427.68

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3.85	<b>Nonpriority creditor's name and mailing address</b> Eastern Managed Print Network 1224 West Genesee Street Syracuse, NY 13204  Date(s) debt was incurred _____ Last 4 digits of account number <u>0368</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Marketing (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8.64</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> Ecolab P.O. Box 32027 New York, NY 10087-2027  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Chemicals (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,351.94</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> Ecolab P.O. Box 21755 New York, NY 10087  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> Elbers Landscape Service, Inc. 2900 Main Street Buffalo, NY 14214  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,531.02</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> Ellis Corporation P.O. Box 75717 Cleveland, OH 44101-4755  Date(s) debt was incurred _____ Last 4 digits of account number <u>3765</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,087.32</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> Encompass Group, LLC Dept. 40254 P.O. Box 740209 Atlanta, GA 30374-0209  Date(s) debt was incurred _____ Last 4 digits of account number <u>5422</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,211.12</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> Encompass Group, LLC Dept. 40254 P.O. Box 740209 Atlanta, GA 30374-0209  Date(s) debt was incurred _____ Last 4 digits of account number <u>5422</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,547.62</b>

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3.92	<b>Nonpriority creditor's name and mailing address</b> Encompass Group, LLC Dept. 40254 P.O. Box 740209 Atlanta, GA 30374-0209  Date(s) debt was incurred _____ Last 4 digits of account number <u>5422</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,208.86
<hr/>			
3.93	<b>Nonpriority creditor's name and mailing address</b> EnergyMark, LLC 6653 Main Street Williamsville, NY 14221  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,865.76
<hr/>			
3.94	<b>Nonpriority creditor's name and mailing address</b> Environmental Service Laboratories Inc. 280 Indian Springs Road, Suite 123 Indiana, PA 15701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,491.79
<hr/>			
3.95	<b>Nonpriority creditor's name and mailing address</b> Erie Bearings Co. P.O. Box 10307 Erie, PA 16541-0307  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.96	<b>Nonpriority creditor's name and mailing address</b> Everbank Commercial Finance, Inc. 1700 Lincoln Street Lower Level 3 - Dept. #1608 Denver, CO 80203  Date(s) debt was incurred _____ Last 4 digits of account number <u>5009</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Office supplies (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,106.04
<hr/>			
3.97	<b>Nonpriority creditor's name and mailing address</b> Express Services, Inc. P.O. Box 525434 Atlanta, GA 30353-5434  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.98	<b>Nonpriority creditor's name and mailing address</b> F. W. Webb 160 Middlesex Turnpike Bedford, MA 01730  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.99	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms Superior Uniform Group P.O. Box 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>4889</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,248.29
3.100	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms Superior Uniform Group P.O. Box 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>4889</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,894.21
3.101	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms Superior Uniform Group P.O. Box 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>3808</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,238.94
3.102	<b>Nonpriority creditor's name and mailing address</b> Fashion Seal Uniforms Superior Uniform Group P.O. Box 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>4889</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,165.36
3.103	<b>Nonpriority creditor's name and mailing address</b> Fastenal Company P.O. Box 1286 Winona, MN 55987-1286 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo and Syracuse locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104	<b>Nonpriority creditor's name and mailing address</b> Fedex P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Pittsburgh and Syracuse locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	<b>Nonpriority creditor's name and mailing address</b> Feedwater Treatment Systems, Inc. P.O. Box 439 Athol Springs, NY 14010 Date(s) debt was incurred _____ Last 4 digits of account number <u>5605</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.00

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3.106	<b>Nonpriority creditor's name and mailing address</b> Ferry, Inc. 3179 Walden Avenue Depew, NY 14043 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	<b>Nonpriority creditor's name and mailing address</b> Fire, Security & Sound Systems, Inc. 4 Avis Drive Suite 110 Latham, NY 12110 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	<b>Nonpriority creditor's name and mailing address</b> First Unum Life Insurance Co. P.O. Box 406927 Atlanta, GA 30384-6927 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,401.09
3.109	<b>Nonpriority creditor's name and mailing address</b> Five Star Occupational Med. IMA P.O. Box 500 Ellicottville, NY 14731-0500 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	<b>Nonpriority creditor's name and mailing address</b> Five Star Urgent Care Billing Department P.O. Box 10459 Albany, NY 12201-5459 Date(s) debt was incurred ____ Last 4 digits of account number <u>1515</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.111	<b>Nonpriority creditor's name and mailing address</b> Fleetpride P.O. Box 847118 Dallas, TX 75284-7118 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	<b>Nonpriority creditor's name and mailing address</b> Fradon Lock 467 Burnet Avenue Syracuse, NY 13203 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.113	<b>Nonpriority creditor's name and mailing address</b> Frank's Uniforms, Inc. dba Bayberry Uniform and Shoe 7608 Oswego Road, Suite 2 Liverpool, NY 13090 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.89
<hr/>			
3.114	<b>Nonpriority creditor's name and mailing address</b> Frey-Electric Construction Co. 100 Pearce Avenue Tonawanda, NY 14150 Date(s) debt was incurred _____ Last 4 digits of account number <u>6082</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,600.00
<hr/>			
3.115	<b>Nonpriority creditor's name and mailing address</b> G. A. Braun, Inc. Dept. No. 309 P.O. Box 8000 Buffalo, NY 14267 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.116	<b>Nonpriority creditor's name and mailing address</b> G.H. Berlin Windward Divs of Booth Waltz Ent., Inc. 42 Rumsey Road East Hartford, CT 06108 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$717.47
<hr/>			
3.117	<b>Nonpriority creditor's name and mailing address</b> Gannon Pest Control, Inc. 2925 Milton Avenue Solvay, NY 13209 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.60
<hr/>			
3.118	<b>Nonpriority creditor's name and mailing address</b> George O'Day's, Inc. 19 E. 143rd Street Hammond, IN 46327 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.119	<b>Nonpriority creditor's name and mailing address</b> Gexpro 400 Technology Court SE, Ste. R Smyrna, GA 30082-5237 Date(s) debt was incurred _____ Last 4 digits of account number <u>4654</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.28



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3.120	<b>Nonpriority creditor's name and mailing address</b> GGG Partners, LLC,as Liquidating Trustee c/o Scroggins & Williamson, P.C. 4401 Northside Parkway, Suite 450 Atlanta, GA 30327  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$56,350.14</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Demand for recovery of preferential transfer in the adversary proceeding commenced in U.S. Bankruptcy Court, Northern District of Georgia</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	<b>Nonpriority creditor's name and mailing address</b> Glauber Equipment Corp. 1600 Commerce Parkway Lancaster, NY 14086  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	<b>Nonpriority creditor's name and mailing address</b> Gleason Chemical P.O. Box 188 Warners, NY 13164  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	<b>Nonpriority creditor's name and mailing address</b> Global Environmental Industrial Inc. P.O. Box 656 Orchard Park, NY 14127  Date(s) debt was incurred ____ Last 4 digits of account number <u>3651</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$3,345.50</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	<b>Nonpriority creditor's name and mailing address</b> Global Equipment P.O. Box 905713 Charlotte, NC 28290  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo and Syracuse locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	<b>Nonpriority creditor's name and mailing address</b> GPX 60 Progress Avenue Cranberry Twp, PA 16066  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$1,500.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	<b>Nonpriority creditor's name and mailing address</b> Grainger 6285 East Molloy Road East Syracuse, NY 13057-1037  Date(s) debt was incurred ____ Last 4 digits of account number <u>3224</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$2,366.11</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.127	<b>Nonpriority creditor's name and mailing address</b> Grainger 35 Corporate Circle Albany, NY 12203-5154  Date(s) debt was incurred _____ Last 4 digits of account number <u>7357</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,641.03
3.128	<b>Nonpriority creditor's name and mailing address</b> Grainger 6285 East Molloy Road East Syracuse, NY 13057-1037  Date(s) debt was incurred _____ Last 4 digits of account number <u>3324</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.43
3.129	<b>Nonpriority creditor's name and mailing address</b> Grainger Dept. 886250674 Palatine, IL 60038-0001  Date(s) debt was incurred _____ Last 4 digits of account number <u>3324</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.130	<b>Nonpriority creditor's name and mailing address</b> Grainger Dept. 831813324 Palatine, IL 60038-0001  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.131	<b>Nonpriority creditor's name and mailing address</b> Graybar 12444 Collections Center Drive Chicago, IL 60693-2444  Date(s) debt was incurred _____ Last 4 digits of account number <u>1444</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$843.53
3.132	<b>Nonpriority creditor's name and mailing address</b> Great Lakes Physician Services 462 Grider Street Buffalo, NY 14215  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$965.72
3.133	<b>Nonpriority creditor's name and mailing address</b> Haun Welding Supply, Inc. 5921 Court Street Road Syracuse, NY 13206  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,136.92

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3.134	<b>Nonpriority creditor's name and mailing address</b> Haun Welding Supply, Inc. 5921 Court Street Road Syracuse, NY 13206  Date(s) debt was incurred _____ Last 4 digits of account number <u>050</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.60
3.135	<b>Nonpriority creditor's name and mailing address</b> HG Maybeck 179-30 93rd Avenue Jamaica, NY 11433-1406  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.136	<b>Nonpriority creditor's name and mailing address</b> Hill & Markes, Inc. P.O. Box 7 Amsterdam, NY 12010  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,649.36
3.137	<b>Nonpriority creditor's name and mailing address</b> Hill & Markes, Inc. P.O. Box 7 Amsterdam, NY 12010  Date(s) debt was incurred _____ Last 4 digits of account number <u>7047</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,634.76
3.138	<b>Nonpriority creditor's name and mailing address</b> Hygiena LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.45
3.139	<b>Nonpriority creditor's name and mailing address</b> Hygiena LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.45
3.140	<b>Nonpriority creditor's name and mailing address</b> Hygiena LLC 941 Avenida Acaso Camarillo, CA 93012  Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.45

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3.141	<b>Nonpriority creditor's name and mailing address</b> Hygiena LLC 941 Avenida Acaso Camarillo, CA 93012 Date(s) debt was incurred _____ Last 4 digits of account number <u>1822</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,443.95</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	<b>Nonpriority creditor's name and mailing address</b> IFM Efector, Inc. 1100 Atwater Drive Malvern, PA 19355 Date(s) debt was incurred _____ Last 4 digits of account number <u>7188</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,839.63</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	<b>Nonpriority creditor's name and mailing address</b> Incom Supply 500 Ohio River Boulevard Ambridge, PA 15003 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	<b>Nonpriority creditor's name and mailing address</b> Ingersoll-Rand Company 170 Wales Avenue Tonawanda, NY 14150 Date(s) debt was incurred _____ Last 4 digits of account number <u>7760</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$4,132.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	<b>Nonpriority creditor's name and mailing address</b> Intrnl. Union of Operating Engineers 5959 Versailles Road Lake View, NY 14085 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	<b>Nonpriority creditor's name and mailing address</b> Intrnl. Union of Operating Engineers Local Union No. 95-95A 300 Saline Street Pittsburgh, PA 15207 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	<b>Nonpriority creditor's name and mailing address</b> IPS/Electro Mec 4470 Lucerne Road Indiana, PA 15701 Date(s) debt was incurred _____ Last 4 digits of account number <u>8605</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$6,943.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.148	<b>Nonpriority creditor's name and mailing address</b> Irish Propane Corporation 1444 Clinton Street Buffalo, NY 14206  Date(s) debt was incurred _____ Last 4 digits of account number <u>7850</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.42
3.149	<b>Nonpriority creditor's name and mailing address</b> J.J. Keller & Associates P.O. Box 548 Neenah, WI 54957-0548  Date(s) debt was incurred _____ Last 4 digits of account number <u>3220</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	<b>Nonpriority creditor's name and mailing address</b> Jackson Welding Supply Co. Inc. 1421 West Carlson Street Pittsburgh, PA 15219  Date(s) debt was incurred _____ Last 4 digits of account number <u>1725</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$677.85
3.151	<b>Nonpriority creditor's name and mailing address</b> JB Kane P.O. Box 2277 Syracuse, NY 13220-2277  Date(s) debt was incurred _____ Last 4 digits of account number <u>0239</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,758.38
3.152	<b>Nonpriority creditor's name and mailing address</b> Jensen USA, Inc. Dept. CH 19533 Palatine, IL 60055-9533  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.153	<b>Nonpriority creditor's name and mailing address</b> John W. Danforth Co. 300 Colvin Woods Parkway Tonawanda, NY 14150  Date(s) debt was incurred _____ Last 4 digits of account number <u>2130</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,188.00
3.154	<b>Nonpriority creditor's name and mailing address</b> Joseph P. Mangione, Inc. 187 Fourth Street Troy, NY 12180  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.155	<b>Nonpriority creditor's name and mailing address</b> Jumonville Acquisition LLC 304 Jumonville Street Pittsburgh, PA 15219  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rent and property tax paid to affiliate (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,500.00</u>
<hr/>			
3.156	<b>Nonpriority creditor's name and mailing address</b> Kaman Industrial Technologies 213 West Wayne Street Fort Wayne, IN 46801  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,116.58</u>
<hr/>			
3.157	<b>Nonpriority creditor's name and mailing address</b> Kemco Systems Co., LLC 11500 47th Street North Clearwater, FL 33762-4955  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.158	<b>Nonpriority creditor's name and mailing address</b> KJ Electric 5894 East Molloy Road Syracuse, NY 13211-2124  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.159	<b>Nonpriority creditor's name and mailing address</b> LABCORP P.O. Box 12140 Burlington, NC 27216-2140  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15.00</u>
<hr/>			
3.160	<b>Nonpriority creditor's name and mailing address</b> Laboratory Corp of America Holding P.O. Box 12140 Burlington, NC 27216-2140  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<hr/>			
3.161	<b>Nonpriority creditor's name and mailing address</b> Lavatec Laundry Technologies Inc. P.O. Box 215 49 Lancaster Falls Beacon Falls, CT 06403  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo and Pittsburgh locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

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3.162	<b>Nonpriority creditor's name and mailing address</b> Life Safety Engineered Systems 60 Sonwil Drive Buffalo, NY 14225  Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus (Atlas)</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,137.82
3.163	<b>Nonpriority creditor's name and mailing address</b> Life Science Laboratories, Inc. 5854 Butternut Drive East Syracuse, NY 13057  Date(s) debt was incurred _____ Last 4 digits of account number <u>7606</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.00
3.164	<b>Nonpriority creditor's name and mailing address</b> Liftech Equipment Dept. CR4804 6847 Ellicott Drive East Syracuse, NY 13057  Date(s) debt was incurred _____ Last 4 digits of account number <u>3220</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.80
3.165	<b>Nonpriority creditor's name and mailing address</b> Liftech Equipment Dept. CR4804 6847 Ellicott Drive East Syracuse, NY 13057  Date(s) debt was incurred _____ Last 4 digits of account number <u>3220</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,494.80
3.166	<b>Nonpriority creditor's name and mailing address</b> LiftSafe/FuelSafe Inc. 212 West Seneca Turnpike Syracuse, NY 13205  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,832.84
3.167	<b>Nonpriority creditor's name and mailing address</b> Lins Elevator Service Inc. 207 Gist Street Pittsburgh, PA 15219-5903  Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus Linen Systems</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,074.50
3.168	<b>Nonpriority creditor's name and mailing address</b> Load Cell Central RDR Technology, Inc. 28175 Rte 220 Milan, PA 18831  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.88

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3.169	<b>Nonpriority creditor's name and mailing address</b> Local 95 Training Fund International Union Operating Engineers Local Union No. 95-95A 300 Saline Street Pittsburgh, PA 15207  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.77
3.170	<b>Nonpriority creditor's name and mailing address</b> Luiz Martinez 1208 First North Street Syracuse, NY 13208  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Employee reimbursement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.95
3.171	<b>Nonpriority creditor's name and mailing address</b> Lusco Paper Company 1401 Liberty Street Troy, NY 12180  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172	<b>Nonpriority creditor's name and mailing address</b> M. Bonani Property Maintenance 2824 Sebolt Road South Park, PA 15129  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,086.50
3.173	<b>Nonpriority creditor's name and mailing address</b> M.I.S. of America, Inc. 4391 Walden Avenue Lancaster, NY 14086-9754  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,436.00
3.174	<b>Nonpriority creditor's name and mailing address</b> M.I.S. of America, Inc. 4391 Walden Avenue Lancaster, NY 14086-9754  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.02
3.175	<b>Nonpriority creditor's name and mailing address</b> Mark-N-Mend, Inc. 38151 Airport Parkway, Unit #54 Willoughby, OH 44094  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,093.44



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3.176	<b>Nonpriority creditor's name and mailing address</b> Mark-N-Mend, Inc. 38151 Airport Parkway, Unit #54 Willoughby, OH 44094 Date(s) debt was incurred _____ Last 4 digits of account number <u>Clar Troy</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$211.11</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Other production expenses (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	<b>Nonpriority creditor's name and mailing address</b> Maxi-Press Elastomeric, Inc. 80 Turnpike Drive, Suite 4 Middlebury, CT 06762 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo, Pittsburgh, Syracuse and Troy locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	<b>Nonpriority creditor's name and mailing address</b> McMaster-Carr P.O. Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred _____ Last 4 digits of account number <u>6800</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$16,692.29</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse and Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	<b>Nonpriority creditor's name and mailing address</b> Med One 10712 South 1300 East Sandy, UT 84094 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	<b>Nonpriority creditor's name and mailing address</b> Medline Industries, Inc. P.O. Box 382075 Pittsburgh, PA 15251-8075 Date(s) debt was incurred _____ Last 4 digits of account number <u>6564</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,319.33</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Linens (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.181	<b>Nonpriority creditor's name and mailing address</b> MEDtegrity Linen Systems for Healthcare, LLC P.O. Box 198688 Atlanta, GA 30384-8688 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$3,041.48</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>GPO fees (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	<b>Nonpriority creditor's name and mailing address</b> MEESE MODRoto, Division of Tingue, Brown & Co. 535 North Midland Avenue Saddle Brook, NJ 07663 Date(s) debt was incurred _____ Last 4 digits of account number <u>6975</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$9,648.75</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.183	<b>Nonpriority creditor's name and mailing address</b> Metlife - Group Benefits (2) P.O. Box 803323 Kansas City, MO 64180-3323  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,635.98
3.184	<b>Nonpriority creditor's name and mailing address</b> Mettler-Toledo LLC P.O. Box 730867 Dallas, TX 75373-0867  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.185	<b>Nonpriority creditor's name and mailing address</b> Midway Industrial Supply P.O. Box 303 Utica, NY 13503-0303  Date(s) debt was incurred ____ Last 4 digits of account number <u>S1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other productio expenses (Troy and Syracuse locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,564.89
3.186	<b>Nonpriority creditor's name and mailing address</b> Midwestern Industries P.O. Box 810 Massillon, OH 44648  Date(s) debt was incurred ____ Last 4 digits of account number <u>5700</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,716.70
3.187	<b>Nonpriority creditor's name and mailing address</b> Mosebach Electric Supply 133 Industry Drive RIDC Park West Pittsburgh, PA 15275  Date(s) debt was incurred ____ Last 4 digits of account number <u>0884</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.09
3.188	<b>Nonpriority creditor's name and mailing address</b> Motion Industries P.O. Box 414444 Boston, MA 02241  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	<b>Nonpriority creditor's name and mailing address</b> Murphy & Nolan, Inc. 340 Peat Street Syracuse, NY 13217-6689  Date(s) debt was incurred ____ Last 4 digits of account number <u>5163</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.80

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3.190	<b>Nonpriority creditor's name and mailing address</b> National Elevator 11973 Westline Industrial Drive Saint Louis, MO 63146  Date(s) debt was incurred _____ Last 4 digits of account number <u>7316</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.48
3.191	<b>Nonpriority creditor's name and mailing address</b> National Elevator P.O. Box 503067 Saint Louis, MO 63150-3067  Date(s) debt was incurred _____ Last 4 digits of account number <u>1037</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.10
3.192	<b>Nonpriority creditor's name and mailing address</b> National Grid 300 Erie Boulevard West Syracuse, NY 13202-0960  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,559.98
3.193	<b>Nonpriority creditor's name and mailing address</b> National Grid 300 Erie Boulevard West Syracuse, NY 13202-0960  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,409.96
3.194	<b>Nonpriority creditor's name and mailing address</b> National Retirement Fund 333 Westchester Avenue North Building White Plains, NY 10604-2942  Date(s) debt was incurred _____ Last 4 digits of account number <u>9015</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,819.25
3.195	<b>Nonpriority creditor's name and mailing address</b> National Retirement Fund 6 Blackstone Valley Place, Suite 302 Lincoln, RI 02865  Date(s) debt was incurred _____ Last 4 digits of account number <u>1640</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.10
3.196	<b>Nonpriority creditor's name and mailing address</b> Noble Gas Solutions 10 Erie Boulevard Albany, NY 12204  Date(s) debt was incurred _____ Last 4 digits of account number <u>1338</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$824.65

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3.197	<b>Nonpriority creditor's name and mailing address</b> Noftz Sheet Metal, Inc. 2737 Penn Avenue Pittsburgh, PA 15222  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, PC P.O. Box 500 Ellicottville, NY 14731-0500  Date(s) debt was incurred _____ Last 4 digits of account number <u>455</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$943.00</b>
3.199	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, PC P.O. Box 500 Ellicottville, NY 14731-0500  Date(s) debt was incurred _____ Last 4 digits of account number <u>1800</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
3.200	<b>Nonpriority creditor's name and mailing address</b> NY Urgent Care Practices, PC P.O. Box 500 Ellicottville, NY 14731-0500  Date(s) debt was incurred _____ Last 4 digits of account number <u>1666</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.00</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> NYS Teamsters Council P.O. Box 4928 Syracuse, NY 13221-4928  Date(s) debt was incurred _____ Last 4 digits of account number <u>7632</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> NYS Thruway Authority Commercial Services Unit P.O. Box 189 Albany, NY 12201-0189  Date(s) debt was incurred _____ Last 4 digits of account number <u>748</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery - Tolls (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,147.86</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> Office Team 12400 Collections Center Drive Chicago, IL 60693  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.204	<b>Nonpriority creditor's name and mailing address</b> Oil Service, Inc. 3498 Grand Avenue Pittsburgh, PA 15225  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.205	<b>Nonpriority creditor's name and mailing address</b> Olympic Compactor Rentals P.O. Box 800336 Houston, TX 77280-0336  Date(s) debt was incurred ____ Last 4 digits of account number <u>1145</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,708.00
3.206	<b>Nonpriority creditor's name and mailing address</b> Omega Engineering 26904 Network Place Chicago, IL 60673-1269  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.207	<b>Nonpriority creditor's name and mailing address</b> OMNI Services 190 Old Loudon Road Latham, NY 12110  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$799.22
3.208	<b>Nonpriority creditor's name and mailing address</b> Orkin 255 Millers Run Road Bridgeville, PA 15017-1321  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.209	<b>Nonpriority creditor's name and mailing address</b> Otis Elevator Company Bldg TR-7 P.O. Box 4808 Syracuse, NY 13221  Date(s) debt was incurred ____ Last 4 digits of account number <u>7045</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,987.14
3.210	<b>Nonpriority creditor's name and mailing address</b> Overhead Door Co. of Albany 15 Corporate Drive Clifton Park, NY 12065  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.211	<b>Nonpriority creditor's name and mailing address</b> Overhead Door Company of Greater Syr. P. O. Box 107 Cortland, NY 13045-0107  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.88
3.212	<b>Nonpriority creditor's name and mailing address</b> Penske Truck Leasing Co. L.P. P.O. Box 827380 Philadelphia, PA 19182-7380  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,717.16
3.213	<b>Nonpriority creditor's name and mailing address</b> Penske Truck Leasing Co. L.P. P.O. Box 827380 Philadelphia, PA 19182-7380  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,631.53
3.214	<b>Nonpriority creditor's name and mailing address</b> Peoples Natural Gas P.O. Box 644760 Pittsburgh, PA 15264-4760  Date(s) debt was incurred _____ Last 4 digits of account number <u>5623</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,946.39
3.215	<b>Nonpriority creditor's name and mailing address</b> Pittsburgh Water & Sewer Authority (674) 1200 Penn Avenue Pittsburgh, PA 15222  Date(s) debt was incurred _____ Last 4 digits of account number <u>8674</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439,488.99
3.216	<b>Nonpriority creditor's name and mailing address</b> Pittsburgh Water & Sewer Authority (675) 1200 Penn Avenue Pittsburgh, PA 15222  Date(s) debt was incurred _____ Last 4 digits of account number <u>8675</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220,419.79
3.217	<b>Nonpriority creditor's name and mailing address</b> Potter Heating & A/C 4004 New Court Avenue Syracuse, NY 13206  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.84

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3.218	<b>Nonpriority creditor's name and mailing address</b> Precision Conveyors, Inc. 4203 Mara Lane Monroe, NC 28110  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,200.00
3.219	<b>Nonpriority creditor's name and mailing address</b> Prestige Services Inc. 4 Enterprise Avenue Clifton Park, NY 12065  Date(s) debt was incurred ____ Last 4 digits of account number <u>1227</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Office supplies (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.09
3.220	<b>Nonpriority creditor's name and mailing address</b> Professional Screening & Information Inc P.O. Box 644 Rome, GA 30162  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.00
3.221	<b>Nonpriority creditor's name and mailing address</b> Prolift, Inc. 1835 Dale Road Buffalo, NY 14225  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.222	<b>Nonpriority creditor's name and mailing address</b> Psychemedics Corp. 289 Great Road, Suite 200 Acton, MA 01720  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,738.50
3.223	<b>Nonpriority creditor's name and mailing address</b> Quality Built Technologies Inc. 8609 Creekview Court Douglasville, GA 30135  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.224	<b>Nonpriority creditor's name and mailing address</b> R.C. Kolstad Water Corp. 73 Lake Road Ontario, NY 14519  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.225	<b>Nonpriority creditor's name and mailing address</b> Regional Distributors Inc. 1281 Mount Read Boulevard Rochester, NY 14606  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>5851</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,547.76</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> Republic Services #964 136 Sicker Road Latham, NY 12110  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0720</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,134.35</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> Root Neal & Co., Inc. 64 Peabody Street Buffalo, NY 14210  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0702</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$345.83</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> Rotor-Matic 159 Delaware Ave., Unit #211 Delmar, NY 12054  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> RRHA Joint Ventures Corp. Attn: Sharon Zink 3445 Winton Place, Suite 222 Rochester, NY 14623  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>GPO fees (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,644.03</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> Ryder Shared Services Center 6000 Winard Parkway Alpharetta, GA 30005  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>4186</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> Ryder Transportation 6000 Winard Parkway Alpharetta, GA 30005  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>4185</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,342.78</b>



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3.232	<b>Nonpriority creditor's name and mailing address</b> Ryder Transportation P.O. Box 96723 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Delivery (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,818.18
3.233	<b>Nonpriority creditor's name and mailing address</b> SAF Consulting & Print Services P.O. Box 14092 Albany, NY 12212 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Other production expenses (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.69
3.234	<b>Nonpriority creditor's name and mailing address</b> Safety-Kleen Services, Inc. 2600 North Central Expresway, Suite 400 Richardson, TX 75080 Date(s) debt was incurred ____ Last 4 digits of account number <u>4723</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$487.89
3.235	<b>Nonpriority creditor's name and mailing address</b> Safety-Kleen Services, Inc. 2600 North Central Expresway, Suite 400 Richardson, TX 75080 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$482.76
3.236	<b>Nonpriority creditor's name and mailing address</b> Samaritan Hospital Primary Care Network 2215 Burdett Avenue Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,879.44
3.237	<b>Nonpriority creditor's name and mailing address</b> Samaritan Hospital-1 P.O. Box 844228 Boston, MA 02284-4228 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Recruiting and pre-employment (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.00
3.238	<b>Nonpriority creditor's name and mailing address</b> Sentry Link LLC 7500 Greenway Center Drive Suite 1040 Greenbelt, MD 20770 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice only (Buffalo and Syracuse locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.239	<b>Nonpriority creditor's name and mailing address</b> Sonitrol of Pittsburgh 610 Melwood Avenue Pittsburgh, PA 15213-1192  Date(s) debt was incurred _____ Last 4 digits of account number <u>6892</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$957.50</u>
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3.240	<b>Nonpriority creditor's name and mailing address</b> Sonitrol Services of NY, Inc. 400 West Division Street Syracuse, NY 13204  Date(s) debt was incurred _____ Last 4 digits of account number <u>0255</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$786.14</u>
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3.241	<b>Nonpriority creditor's name and mailing address</b> SPSMedical 6789 West Henrietta Road Rush, NY 14543  Date(s) debt was incurred _____ Last 4 digits of account number <u>4705</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Other production expenses (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,452.54</u>
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3.242	<b>Nonpriority creditor's name and mailing address</b> Standard Textile One Knollcrest Drive Cincinnati, OH 45237  Date(s) debt was incurred _____ Last 4 digits of account number <u>0309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$284,732.39</u>
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3.243	<b>Nonpriority creditor's name and mailing address</b> Standard Textile One Knollcrest Drive Cincinnati, OH 45237  Date(s) debt was incurred _____ Last 4 digits of account number <u>0309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$347,452.67</u>
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3.244	<b>Nonpriority creditor's name and mailing address</b> Standard Textile One Knollcrest Drive Cincinnati, OH 45237  Date(s) debt was incurred _____ Last 4 digits of account number <u>0309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$213,980.74</u>
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3.245	<b>Nonpriority creditor's name and mailing address</b> Standard Textile One Knollcrest Drive Cincinnati, OH 45237  Date(s) debt was incurred _____ Last 4 digits of account number <u>4637</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$204,272.59</u>
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3.246	<b>Nonpriority creditor's name and mailing address</b> Stanley Material Handling 8094 Saintsville Road Kirkville, NY 13082 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,145.74</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.247	<b>Nonpriority creditor's name and mailing address</b> Stanley Security 8350 Sunlight Drive, Suite 200 Fishers, IN 46037 Date(s) debt was incurred ____ Last 4 digits of account number <u>4815</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$2,483.78</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248	<b>Nonpriority creditor's name and mailing address</b> Staples Advantage Dept. ATL P.O. Box 405386 Atlanta, GA 30384-5386 Date(s) debt was incurred ____ Last 4 digits of account number <u>4203</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$3,159.98</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office supplies (Syracuse, Pittsburgh and Troy locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249	<b>Nonpriority creditor's name and mailing address</b> Stericycle, Inc. 4010 Commercial Avenue Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number <u>6098</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$5,499.80</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	<b>Nonpriority creditor's name and mailing address</b> Storms Industries, Inc. 1500 South Western Avenue Chicago, IL 60608 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,421.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse and Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	<b>Nonpriority creditor's name and mailing address</b> Storms Industries, Inc. 1500 South Western Avenue Chicago, IL 60608 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$1,959.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	<b>Nonpriority creditor's name and mailing address</b> Storms Industries, Inc. 1500 South Western Avenue Chicago, IL 60608 Date(s) debt was incurred ____ Last 4 digits of account number <u>Clarus</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$674.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.253	<b>Nonpriority creditor's name and mailing address</b> Strategic Aligned Companies, Inc. 838 Erie Boulevard West Syracuse, NY 13204  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254	<b>Nonpriority creditor's name and mailing address</b> Streamline Solutions P.O. Box 560775 Orlando, FL 32856  Date(s) debt was incurred _____ Last 4 digits of account number <u>3301</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linen cost of goods sold (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,437.80
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3.255	<b>Nonpriority creditor's name and mailing address</b> Streamline Solutions P.O. Box 560775 Orlando, FL 32856  Date(s) debt was incurred _____ Last 4 digits of account number <u>2846</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linen cost of goods sold (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,077.79
<hr/>			
3.256	<b>Nonpriority creditor's name and mailing address</b> Streamline Solutions P.O. Box 560775 Orlando, FL 32856  Date(s) debt was incurred _____ Last 4 digits of account number <u>3324</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,822.00
<hr/>			
3.257	<b>Nonpriority creditor's name and mailing address</b> Stritt & Priebe Inc. 37 Clyde Avenue Buffalo, NY 14215-2298  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.258	<b>Nonpriority creditor's name and mailing address</b> Sunbelt Rentals, Inc. Branch #285 415 East Taft Road North Syracuse, NY 13212-3776  Date(s) debt was incurred _____ Last 4 digits of account number <u>4374</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628.02
<hr/>			
3.259	<b>Nonpriority creditor's name and mailing address</b> Syracuse Parking Services, LLC Crouse Parking Garage P.O. Box 621 Jamesville, NY 13078  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00

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3.260	<b>Nonpriority creditor's name and mailing address</b> Taylor Rental Center 3131 Erie Boulevard East Syracuse, NY 13214-1207  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.80
<hr/>			
3.261	<b>Nonpriority creditor's name and mailing address</b> Tennant Sales & Service Company P.O. Box 71414 Chicago, IL 60694-1414  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.262	<b>Nonpriority creditor's name and mailing address</b> The ARC Erie County 2643 Main Street Buffalo, NY 14214  Date(s) debt was incurred _____ Last 4 digits of account number <u>0309</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Marketing (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,026.15
<hr/>			
3.263	<b>Nonpriority creditor's name and mailing address</b> The Hartford-Priority Accounts Group Benefits Division P.O. Box 783690 Philadelphia, PA 19178-3690  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.264	<b>Nonpriority creditor's name and mailing address</b> The Worlds Global Source LLC 10364 Alpharetta Street Roswell, GA 30075  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.265	<b>Nonpriority creditor's name and mailing address</b> Thermal Engineering of Arizona 2250 West Wetmore Road Tucson, AZ 85705  Date(s) debt was incurred _____ Last 4 digits of account number <u>410</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555.45
<hr/>			
3.266	<b>Nonpriority creditor's name and mailing address</b> Thompson & Johnson Equipment Co., Inc. 6926 Fly Road East Syracuse, NY 13057  Date(s) debt was incurred _____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$567.50

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3.267	<b>Nonpriority creditor's name and mailing address</b> Tifco Industries P.O. Box 40277 Houston, TX 77240-0277 Date(s) debt was incurred _____ Last 4 digits of account number <u>2484</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$2,348.90</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	<b>Nonpriority creditor's name and mailing address</b> Tingle, Brown & Co. 309 Dividend Drive Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$7,856.77</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.269	<b>Nonpriority creditor's name and mailing address</b> Tingle, Brown & Co. 309 Dividend Drive Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number <u>2954</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$2,266.58</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	<b>Nonpriority creditor's name and mailing address</b> Tingle, Brown & Co. 309 Dividend Drive Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number <u>1859</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$5,432.20</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.271	<b>Nonpriority creditor's name and mailing address</b> Tingle, Brown & Co. 309 Dividend Drive Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number <u>2896</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$10,880.03</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Pittsburgh location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	<b>Nonpriority creditor's name and mailing address</b> TLC Tri-State Laundry Companies P.O. Box 69 Valdosta, GA 31603-0069 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$1,657.93</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo and Pittsburgh locations)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.273	<b>Nonpriority creditor's name and mailing address</b> TLC Tri-State Laundry Companies P.O. Box 69 Valdosta, GA 31603-0069 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><u>\$18,871.54</u></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.274	<b>Nonpriority creditor's name and mailing address</b> Township of Pine 230 Pearce Mill Road Wexford, PA 15090  Date(s) debt was incurred _____ Last 4 digits of account number <u>4712</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Facility maintenance (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,659.84
3.275	<b>Nonpriority creditor's name and mailing address</b> Tristate Electric Motors P.O. Box 326 Troy, NY 12181-0326  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	<b>Nonpriority creditor's name and mailing address</b> Trojan Energy Systems 2790 6th Avenue Troy, NY 12180  Date(s) debt was incurred _____ Last 4 digits of account number <u>CLARUS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,972.47
3.277	<b>Nonpriority creditor's name and mailing address</b> Troy Belting 70 Cohoes Road Watervliet, NY 12189-1829  Date(s) debt was incurred _____ Last 4 digits of account number <u>CAPHE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,147.21
3.278	<b>Nonpriority creditor's name and mailing address</b> Troy Boiler Works 2800 Seventh Avenue Troy, NY 12180  Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,817.47
3.279	<b>Nonpriority creditor's name and mailing address</b> TRS Heating & Air Conditioning Co., Inc. 82 Abbott Road Buffalo, NY 14220  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,331.48
3.280	<b>Nonpriority creditor's name and mailing address</b> Tschopp Supply Co., Inc. 2260 Bailey Avenue Buffalo, NY 14211  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Buffalo and Syracuse locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.281	<b>Nonpriority creditor's name and mailing address</b> TyPac, Inc. P.O. Box 425 Baldwinsville, NY 13027  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$6,238.85</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	<b>Nonpriority creditor's name and mailing address</b> TyPac, Inc. P.O. Box 425 Baldwinsville, NY 13027  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$526.38</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	<b>Nonpriority creditor's name and mailing address</b> TyPac, Inc. P.O. Box 425 Baldwinsville, NY 13027  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$7,372.35</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	<b>Nonpriority creditor's name and mailing address</b> Uline, Inc. P.O. Box 88741 Chicago, IL 60680-1741  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse and Troy locations)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.285	<b>Nonpriority creditor's name and mailing address</b> United Parcel Service P.O. Box 7247-0244 Philadelphia, PA 19170-0001  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$52.36</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Delivery services provided (Syracuse)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.286	<b>Nonpriority creditor's name and mailing address</b> United Rentals (North America) Inc. P.O. Box 100711 Atlanta, GA 30384-0711  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$0.00</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.287	<b>Nonpriority creditor's name and mailing address</b> Upstate NY Bakery Drivers Pension 151 Northern Concourse, Suite 3 Syracuse, NY 13212  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">\$8,166.24</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Benefits (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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3.288	<b>Nonpriority creditor's name and mailing address</b> Vantage Healthcare Linen Services 1305 South Main Street Meadville, PA 16335-3036  Date(s) debt was incurred _____ Last 4 digits of account number <u>1320</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Outside processing (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,375.83</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> Vaspian LLC P.O. Box 3399 Buffalo, NY 14240  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.290	<b>Nonpriority creditor's name and mailing address</b> Vaspian LLC P.O. Box 3399 Buffalo, NY 14240  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT related (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$610.00</b>
3.291	<b>Nonpriority creditor's name and mailing address</b> Venus Group 25861 Wright Street Foothill Ranch, CA 92610  Date(s) debt was incurred _____ Last 4 digits of account number <u>5294</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Linens (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,203.60</b>
3.292	<b>Nonpriority creditor's name and mailing address</b> Verizon P.O. Box 15124 Albany, NY 12212-5124  Date(s) debt was incurred _____ Last 4 digits of account number <u>1696</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.67</b>
3.293	<b>Nonpriority creditor's name and mailing address</b> Verizon P.O. Box 4846 Trenton, NJ 08650-4846  Date(s) debt was incurred _____ Last 4 digits of account number <u>0220</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Pittsburgh location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$392.92</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> Verizon P.O. Box 4846 Trenton, NJ 08650-4846  Date(s) debt was incurred _____ Last 4 digits of account number <u>3846</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Troy location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$111.18</b>

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3.295	<b>Nonpriority creditor's name and mailing address</b> Verizon Wireless-00001 Attn: Correspondence Team P.O. Box 408 Newark, NJ 07101-0408  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.35
<hr/>			
3.296	<b>Nonpriority creditor's name and mailing address</b> Verizon Wireless-00007 Attn: Correspondence Team P.O. Box 408 Newark, NJ 07101-0408  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services provided (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$980.05
<hr/>			
3.297	<b>Nonpriority creditor's name and mailing address</b> Volland Electric Equipment Corp. 75 Innsbruck Drive Buffalo, NY 14227  Date(s) debt was incurred _____ Last 4 digits of account number <u>0114</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,096.87
<hr/>			
3.298	<b>Nonpriority creditor's name and mailing address</b> Walker's Wildlife Solutions 108 Cutler Street East Syracuse, NY 13057  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Notice only (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
<hr/>			
3.299	<b>Nonpriority creditor's name and mailing address</b> Ward Trucking, LLC P.O. Box 1553 Altoona, PA 16603  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.39
<hr/>			
3.300	<b>Nonpriority creditor's name and mailing address</b> Waste Management Buffalo Hauling P.O. Box 42090 Phoenix, AZ 85080  Date(s) debt was incurred _____ Last 4 digits of account number <u>3001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities (Buffalo location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,707.00
<hr/>			
3.301	<b>Nonpriority creditor's name and mailing address</b> WestRock CP, LLC Camillus Plant 100 Southern Drive Camillus, NY 13031-1578  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,252.48

Debtor Atlas Health Care Linen Services Co., LLC Case number (if known) 18-31753-5

3.302	<b>Nonpriority creditor's name and mailing address</b> William P. Keegan 36 Lansing Avenue Watervliet, NY 12189 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Troy location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,580.00
3.303	<b>Nonpriority creditor's name and mailing address</b> Winzer 106 Woodberry Lane Fayetteville, NY 13066 Date(s) debt was incurred ____ Last 4 digits of account number <u>8599</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$827.27
3.304	<b>Nonpriority creditor's name and mailing address</b> Woodcock & Armani 6500 New Venture Gear Drive East Syracuse, NY 13057 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Facility maintenance (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,402.68
3.305	<b>Nonpriority creditor's name and mailing address</b> Yankee Equipment Systems, Inc. 15 Glass Lane P.O. Box 630 Barrington, NH 03825 Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Rentals and repairs (Syracuse location)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	ACA Enterprises c/o Casarona Legal Services, LLC The Falls Building, 57 E. Washington St. Chagrin Falls, OH 44022	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	American Associated Cos., Inc. 140 Cecil Court Fayetteville, GA 30214	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	American Zurich Insurance Company c/o Relin, Goldstein & Crane, LLP Attn: Joseph M. Shur, Esq. 28 East Main Street, Suite 1800 Rochester, NY 14614	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Applied Industrial Technologies 22510 Network Place Chicago, IL 60673-1225	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Atlas Health Care Linen Services Co., LLC	Case number (if known)	18-31753-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.5	Building Service BJ Supplemental Retirement & Savings Fund c/o Raab, Sturm & Ganchrow, LLP 2125 Center Avenue, Suite 100 Fort Lee, NJ 07024	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Chuck's Fire Equipment 1628 North Salina Street Syracuse, NY 13208	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	City Electric 450 Tracy Street Syracuse, NY 13204	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Consolidated International Corp. 3804 Main Street, Suite 1 Chula Vista, CA 91911	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	DeGroot Management Services 6501 Basile Rowe East Syracuse, NY 13057	Line <u>3.72</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Department of Water 101 North Beech Street Syracuse, NY 13210	Line <u>3.73</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Encompass Group, LLC 621 Macon Street McDonough, GA 30253	Line <u>3.90</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Encompass Group, LLC 621 Macon Street McDonough, GA 30253	Line <u>3.91</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	Encompass Group, LLC 621 Macon Street McDonough, GA 30253	Line <u>3.92</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	Feedwater Treatment Systems, Inc. S5167 Columbia Avenue Hamburg, NY 14075	Line <u>3.105</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	Feedwater Treatment Systems, Inc. 1 Sawgrass Court Hamburg, NY 14075	Line <u>3.105</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	Grainger Dept. 831813324 Palatine, IL 60038-0001	Line <u>3.128</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	Hill & Markes, Inc. 1997 State Highway 5S Amsterdam, NY 12010	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Atlas Health Care Linen Services Co., LLC	Case number (if known)	18-31753-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.18	Hill & Markes, Inc. 1997 State Highway 5S Amsterdam, NY 12010	Line <u>3.137</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	Internal Revenue Service 30 West Pershing Road Kansas City, MO 64108	Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	JB Kane 1105 Vine Street Liverpool, NY 13088	Line <u>3.151</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	Jensen USA, Inc. 99 Aberdeen Loop Panama City, FL 32405	Line <u>3.152</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	Joseph M. Shur, Esq. Relin, Goldstein & Crane, LLP 28 East Main Street, Suite 1800 Rochester, NY 14614	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	Midwestern Industries 915 Oberlin Road SW Massillon, OH 44648-0810	Line <u>3.186</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	National Elevator 11973 Westline Industrial Drive Saint Louis, MO 63146	Line <u>3.191</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	NYS Department of Taxation and Finance W.A. Harriman Campus Bldg. 9 Albany, NY 12227	Line <u>2.7</u> <input type="checkbox"/> Not listed. Explain _____	—
4.26	OMNI Services P.O. Box 350016 Boston, MA 02241-0516	Line <u>3.207</u> <input type="checkbox"/> Not listed. Explain _____	—
4.27	Otis Elevator Company 6304 Carrier Parkway - Bldg TR-7 East Syracuse, NY 13057	Line <u>3.209</u> <input type="checkbox"/> Not listed. Explain _____	—
4.28	SAF Consulting & Print Services 1510 Central Avenue, Ste. 320 Albany, NY 12205-5079	Line <u>3.233</u> <input type="checkbox"/> Not listed. Explain _____	—
4.29	Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302	Line <u>3.242</u> <input type="checkbox"/> Not listed. Explain _____	—
4.30	Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302	Line <u>3.243</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Atlas Health Care Linen Services Co., LLC	Case number (if known)	18-31753-5
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.31	Standard Textile P.O. Box 0302 Cincinnati, OH 45263-0302	Line <u>3.244</u> <input type="checkbox"/> Not listed. Explain _____	—
4.32	Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302	Line <u>3.245</u> <input type="checkbox"/> Not listed. Explain _____	—
4.33	Syracuse Parking Management LLC Barclay Damon Tower Garage 352 S. Warren Street Syracuse, NY 13202	Line <u>3.259</u> <input type="checkbox"/> Not listed. Explain _____	—
4.34	Tifco Industries 21400 Northwest Freeway Cypress, TX 77429	Line <u>3.267</u> <input type="checkbox"/> Not listed. Explain _____	—
4.35	Tingue, Brown & Co. P.O. Box 824644 Philadelphia, PA 19182-4644	Line <u>3.268</u> <input type="checkbox"/> Not listed. Explain _____	—
4.36	Tingue, Brown & Co. P.O. Box 824619 Philadelphia, PA 19182-4619	Line <u>3.269</u> <input type="checkbox"/> Not listed. Explain _____	—
4.37	Tingue, Brown & Co. P.O. Box 824619 Philadelphia, PA 19182-4619	Line <u>3.270</u> <input type="checkbox"/> Not listed. Explain _____	—
4.38	Tingue, Brown & Co. P.O. Box 824619 Philadelphia, PA 19182-4619	Line <u>3.271</u> <input type="checkbox"/> Not listed. Explain _____	—
4.39	Troy Boiler Works, Inc. C/O O'Connell & Aronowitz, PC Attn: F. Matthew Jackson, Esq. 54 State Street Albany, NY 12207	Line <u>3.278</u> <input type="checkbox"/> Not listed. Explain _____	—
4.40	TyPac, Inc. 7858 River Road Baldwinsville, NY 13027	Line <u>3.281</u> <input type="checkbox"/> Not listed. Explain _____	—
4.41	TyPac, Inc. 7858 River Road Baldwinsville, NY 13027	Line <u>3.282</u> <input type="checkbox"/> Not listed. Explain _____	—
4.42	TyPac, Inc. 7858 River Road Baldwinsville, NY 13027	Line <u>3.283</u> <input type="checkbox"/> Not listed. Explain _____	—
4.43	Vaspian LLC 266 Oak Street Buffalo, NY 14203	Line <u>3.289</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Atlas Health Care Linen Services Co., LLC	Case number (if known)	18-31753-5
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.44	Vaspian LLC 266 Oak Street Buffalo, NY 14203	Line <u>3.290</u> <input type="checkbox"/> Not listed. Explain _____	—
4.45	Ward Trucking, LLC 1436 Ward Trucking Drive Altoona, PA 16602	Line <u>3.299</u> <input type="checkbox"/> Not listed. Explain _____	—
4.46	Winzer P.O. Box 671482 Dallas, TX 75267-1482	Line <u>3.303</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 173,303.90
5b. +	\$ 4,915,114.92
5c.	\$ 5,088,418.82

**Fill in this information to identify the case:**

Debtor name Atlas Health Care Linen Services Co., LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31753-5

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

*Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest      Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

281 Grant Ave Realty CRASMI  
281 Grant Avenue  
Auburn, NY 13021-1421

2.2. State what the contract or lease is for and the nature of the debtor's interest      Lease by and between Atlas Health Care Linen Services Co., LLC, Centerstone Linen Services LLC and 60 Grider LLC for operation of a laundry facility consisting of 60,000 square feet located at One Wright Place, 60 Grider Street, Buffalo, New York

State the term remaining      approx. 5 years and 2 months

List the contract number of any government contract

60 Grider LLC  
188 Bidwell Parkway  
Buffalo, NY 14222



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through its County Executive and New York State Industries For The Disabled dated March 2017; and Authorization to Proceed Partnership between NYSID and Clarus Linen Systems and Customer Renewal Option of New Term Contract (Albany County Correctional Facility); term expires December 31, 2018 (with renewal option); Troy location

State the term remaining

List the contract number of any government contract

Albany County Correctional Facility  
840 Albany Shaker Road  
Albany, NY 12211-1054

2.4. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through the Albany County Department of Residential Healthcare Facilities and New York State Industries For The Disabled; and Partnership Customer Price Concurrence between NYSID and Clarus Linens dated May 14, 2018 (Albany County Nursing Home); term expires December 31, 2020 (with renewal option)

State the term remaining

List the contract number of any government contract

Albany County Nursing Home  
780 Albany Shaker Road  
Albany, NY 12211-1058

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options)

State the term remaining

List the contract number of any government contract

Altus Management LLC  
Attn: CEO  
840 Aero Drive  
Buffalo, NY 14225

2.6. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Anthone Eye Center  
2211 Sheridan Drive  
Buffalo, NY 14223-1558

2.7. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Arthritis Center of Rochester  
890 Westfall Road, Ste D  
Rochester, NY 14618-2610

2.8. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

Arthritis Health Association  
5794 Widewaters Parkway  
Syracuse, NY 13214-1845

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.9. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Associated Gastroenterologists of CNY PC  
5112 W. Taft Road, Ste 2U  
Liverpool, NY 13088-4868

2.10. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Auburn Community Hospital dated May 7, 2014; term expires 5/19/2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Auburn Cardiology  
281 Grant Avenue  
Auburn, NY 13021-1421

2.11. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Auburn Community Hospital dated May 7, 2014; term expires 5/19/2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Auburn Comm. Hosp. Scrubs & Lab Coats  
17 Lansing Street  
Auburn, NY 13021-1983

2.12. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Auburn Community Hospital dated May 7, 2014; term expires 5/19/2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Auburn Comm. Hospital Sleep Lab  
17 Lansing Street  
Auburn, NY 13021-1983

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.13. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated May 7, 2014; term expires 5/19/2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Auburn Community Hospital  
Attn: Director of Material Management  
17 Lansing Street  
Auburn, NY 13021

2.14. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Auburn Community Hospital dated May 7, 2014; term expires 5/19/2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Auburn Family Care  
8 Hulbert Street  
Auburn, NY 13021-3430

2.15. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Baird Nursing Home  
2150 Saint Paul Street  
Rochester, NY 14621-1415

2.16. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

BHCC Rugs  
257 State Street  
Batavia, NY 14020-1044

2.17. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Bloomingrove Veterinarian Hospital  
498 N. Greenbush Road  
Rensselaer, NY 12144-9444

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Brookdale Bassett Park  
111 SAint Gregory Court  
Buffalo, NY 14221-2633

- 2.19. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Brooks Memorial Hospital  
529 Central Avenue  
Dunkirk, NY 14048-2514

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.20. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Buffalo Gen Memorial Hospital EMS  
100 High Street  
Buffalo, NY 14203-1126

2.21. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

Buffalo General Medical Campus  
100 High Street  
Buffalo, NY 14203-1126

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

- 2.22. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Buffalo General Medical Center  
100 High Street  
Buffalo, NY 14203-1126

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.23. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Buffalo General Mem Hospital Direct Sale  
100 High Street  
Buffalo, NY 14203-1126

2.24. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Buffalo

State the term remaining

List the contract number of any government contract

Buffalo Star Wipers, Inc. - RAGS  
1125 E. Main Street  
Newark, OH 43055-8869

2.25. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Camillus Family Health Associates  
5006 W. Genesee Street  
Camillus, NY 13031-2326

2.26. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

Capital Distr Interventional Spine & Rehabilitation  
63 Shaker Road, Ste G04  
Albany, NY 12204-1030



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.27. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and now month to month; Troy location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Capital District Psychiatric Center  
75 New Scotland Avenue  
Albany, NY 12208-3409

2.28. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Cardiology Associates of NNY  
19436 Howell Drive  
Watertown, NY 13601-4071

2.29. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement dated April 26, 2015; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Carthage Area Hospital  
Attn: Administrator  
1001 West Street  
Carthage, NY 13619

2.30. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Troy

State the term remaining

Center for Nursing and Rehabilitation at Hoosick Falls  
21 Danforth Street  
Hoosick Falls, NY 12090-1223

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.31. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Center for Wound Care & Hyperbaric Med  
600 Northern Blvd.  
Albany, NY 12204-1004

2.32. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Chase Memorial Nursing Home  
1 Terrace Heights  
New Berlin, NY 13411

2.33. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Chase Memorial Nursing Home Direct Sales  
1 Terrace Heights  
New Berlin, NY 13411-9515

2.34. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Childrens Amherst Health Center #20350  
3580 Sheridan Drive, Ste 1  
Buffalo, NY 14226-1645

2.35. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

City Centre Massage  
786 Pre Emption Road  
Geneva, NY 14456-2018

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.36. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated March 18, 2014; term expires March 2019 (with renewal option)

State the term remaining

List the contract number of any government contract

Clifton Fine Hospital  
Attn: Director of Materials Management  
1014 Oswegatchie Trail Road  
Star Lake, NY 13690-3143

2.37. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Clifton Fine Hospital Direct Sales  
1014 Oswegatchie Trail Road  
Star Lake, NY 13690-3143

2.38. State what the contract or lease is for and the nature of the debtor's interest Clarus Linen Systems Agreement with CNY Cardiology dated April 18, 2017 (for Utica, Oneida, Herkimer and Rome locations); term expires April 2022 (with renewal option)

State the term remaining

List the contract number of any government contract

CNY Cardiology  
Attn: Executive Director  
2211 Genesee Street, Ste. 200  
Utica, NY 13501-5930

2.39. State what the contract or lease is for and the nature of the debtor's interest Clarus Linen Systems Agreement with CNY Cardiology dated April 18, 2017 (for Utica, Oneida, Herkimer and Rome locations); term expires April 2022 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

CNY Cardiology - Rome  
91 Perimeter Road, Ste 130  
Rome, NY 13441-4018

2.40. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

CNY Diagnostic Imaging Associates  
1000 E. Genesee Street, Suite 100  
Syracuse, NY 13210-1853

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.41. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

CNY Facial Surgery Group, PC  
4939 Brittonfield Parkway, Ste 210  
East Syracuse, NY 13057-9208

2.42. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

CNY Family Care, LLP  
4939 Brittonfield Parkway  
East Syracuse, NY 13057-9208

2.43. State what the contract or lease is for and the nature of the debtor's interest NYS Industries For The Disabled, Inc. Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expires December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

CNY Psychiatric Center  
9005 Old River Road  
Marcy, NY 13403-3000

2.44. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

CNY Urology, PC  
357 Genesee Street  
Oneida, NY 13421-2658

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.45. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

College at Brockport  
Student Health Center  
350 New Campus Drive  
Brockport, NY 14420-2997

2.46. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Community Care Physicians PC  
711 Troy Schenectady Road  
Latham, NY 12110-2442

2.47. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Community Mem. Hosp Lab Coats & Jackets  
150 Broad Street  
Hamilton, NY 13346-9575

2.48. State what the contract or lease is for and the nature of the debtor's interest Atlas Healthcare Linen Services Healthcare Linen Rental Service Agreement dated February 1, 2006 and Addendum of Linen Service Agreement dated March 2013; term expires April 30, 2019; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Community Memorial Hospital  
Attn: Administrator  
150 Broad Street  
Hamilton, NY 13346-9575

2.49. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Compassionate Family Medicine - Green St  
311 Green Street  
Syracuse, NY 13203-2911

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.50. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Compassionate Family Medicine - N. Syr.  
511 S. Main Street  
Syracuse, NY 13212-2813

2.51. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through the Albany County Department of Residential Healthcare Facilities and New York State Industries For The Disabled; and Partnership Customer Price Concurrence between NYSID and Clarus Linens dated May 14, 2018 (Albany County Nursing Home); term expires December 31, 2020 (with renewal option)

State the term remaining

List the contract number of any government contract

County of Albany  
Attn: Dept. Res. Healthcare Facilities  
Albany County Office Building  
112 State Street  
Albany, NY 12207

2.52. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through its County Executive and New York State Industries For The Disabled dated March 2017; and Authorization to Proceed Partnership between NYSID and Clarus Linen Systems and Customer Renewal Option of New Term Contract (Albany County Correctional Facility); term expires December 31, 2018 (with renewal option)

State the term remaining

List the contract number of any

County of Albany  
Attn: County Executive  
Albany County Office Building  
112 State Street  
Albany, NY 12207

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

- 2.53. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Cross Keys Medical Group  
420 Cross Keys Office Park  
Fairport, NY 14450-3506

- 2.54. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Crouse Hospital dated February 1, 2016; term expires January 31, 2020 (with renewal option); various locations; Syracuse location

State the term remaining

List the contract number of any government contract

Crouse Hosp. Commonwealth Place 883  
6010 E. Molloy Road  
Syracuse, NY 13211-2131

- 2.55. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated February 1, 2016; term expires January 31, 2020 (with renewal option); various locations; Syracuse location

State the term remaining

List the contract number of any government contract

Crouse Hospital  
Attn: Chief Financial Officer  
736 Irving Avenue  
Syracuse, NY 13210

- 2.56. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Crouse Hospital dated February 1, 2016; term expires January 31, 2020 (with renewal option); various locations; Syracuse location

State the term remaining

List the contract number of any government contract

Crouse Hospital  
Madison Irving Surgery Center 892  
475 Irving Avenue  
Syracuse, NY 13210-1756

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.57. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Crouse Hospital dated February 1, 2016; term expires January 31, 2020 (with renewal option); various locations; Syracuse location

State the term remaining

List the contract number of any government contract

Crouse Hospital Ancillary Areas  
736 Irving Avenue  
Syracuse, NY 13210-1687

2.58. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

CSHC Lab Coats/Scrubs/Specials  
100 Kings Highway S.  
Rochester, NY 14617-5504

2.59. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

DeGraff Memorial Hospital  
445 Tremont Street  
North Tonawanda, NY 14120-6150



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.60. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

DeGraff Memorial Hospital Direct Sale  
445 Tremont Street  
North Tonawanda, NY 14120-6150

2.61. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Dermatology Associates of CNY  
4110 Medical Center Drive, Ste 110  
Fayetteville, NY 13066-6613

2.62. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Dermatology Associates of Rochester  
100 White Spruce Blvd.  
Rochester, NY 14623-1507

2.63. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

Donald A. Flihan, DDS, MD  
130 Lomond Court  
Utica, NY 13502-5851

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.64. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Eastern Niagara Hospital dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option); Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Eastern Niagara Health  
521 East Avenue  
Lockport, NY 14094-3201

2.65. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option)

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Eastern Niagara Hospital  
Attn: CEO  
521 East Avenue  
Lockport, NY 14094

2.66. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining \_\_\_\_\_

ECMC Terrace View Long-Term Care  
462 Grider Street  
Buffalo, NY 14215-3021

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.67. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

ELL Bellevue Women's Center Equip. Lease  
2210 Troy Schenectady Road  
Schenectady, NY 12309-4725

2.68. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Ellis Ancillary Areas  
1101 Nott Street  
Schenectady, NY 12308-2425

2.69. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Ellis Bariatric  
2125 River Road, Ste 302  
Schenectady, NY 12309-1135

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.70. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Bellevue Women's Center  
2210 Troy Schenectady Road  
Schenectady, NY 12309-4725

2.71. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis CP Ancillary Areas  
939 Route 146  
Clifton Park, NY 12065-3662

2.72. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Glenville Primary Care  
115 Saratoga Road, Ste 200  
Schenectady, NY 12302-4194

2.73. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Health Center - McClellan  
600 McClellan Street  
Schenectady, NY 12304-1009

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.74. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Hospital  
1101 Nott Street  
Schenectady, NY 12308-2425

2.75. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Hospital Equipment Lease  
1101 Nott Street  
Schenectady, NY 12308-2425

2.76. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract

Ellis Hospital Marked Scrubs  
1101 Nott Street  
Schenectady, NY 12308-2425

2.77. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

Ellis McClellan Hospital  
Sterile Processing (PO 1831820)  
600 McClellan Street  
Schenectady, NY 12304-1009

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.78. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Ellis McClellan Hospital Equip. Lease  
600 McClellan Street  
Schenectady, NY 12304-1009

2.79. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated February 10, 2014 with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations); term expires February 2019

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Ellis Medicine  
Attn: Director Materials Management  
1101 Nott Street  
Schenectady, NY 12308

2.80. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Ellis Medicine, including Bellevue Woman's Hospital, and Ellis Health Center (various locations) dated February 10, 2014; term expires February 2019; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Ellis Primary Care Ballston Spa  
990 State Route 67  
Ballston Spa, NY 12020-3603

2.81. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any \_\_\_\_\_

Elmwood Pediatric Group, LLP  
919 Westfall Road, Ste 105  
Rochester, NY 14618-2638

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.82. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Emeritus at Bellevue Manor  
4330 Onondaga Blvd.  
Syracuse, NY 13219-3030

2.83. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Emeritus at Colonie Manor  
626 Watervliet Shaker Road  
Latham, NY 12110-3618

2.84. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Emeritus at Landing of Brockport  
90 West Avenue  
Brockport, NY 14420-1306

2.85. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Emeritus at West Side Rochester  
1404 Long Pond Road  
Rochester, NY 14626-3732

2.86. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Empire Education Corporation  
1 Park Place, FL 3  
Albany, NY 12205-2676

2.87. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

Endoscopy Center of CNY  
4308 Medical Center Drive  
Fayetteville, NY 13066

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.88. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Eastern Niagara Hospital dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

ENHS Family Practice  
475 S. Transit Street  
Lockport, NY 14094-5562

2.89. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Eastern Niagara Hospital dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

ENHS Imaging Center  
5875 S. Transit Road  
Lockport, NY 14094-6340

2.90. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Eastern Niagara Hospital dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

ENHS Newfane  
2600 William Street  
Newfane, NY 14108-1026



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.91. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Eastern Niagara Hospital dated September 1, 2016 (for various facilities); term expires November 13, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

ENHS Surgery Center  
5875 S. Transit Road  
Lockport, NY 14094-6340

2.92. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Episcopal Church Home  
505 Mount Hope Avenue  
Rochester, NY 14620-2251

2.93. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215-3021

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.94. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Executive Woods Ambulatory Surgery Centr  
3 Atrium Drive, Ste 150  
Albany, NY 12205-1445

2.95. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Eye & Tissue Bank  
517 E. Washington Street  
Syracuse, NY 13202-1917

2.96. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Eye Health Associates, Inc.  
170 Maple Road  
Buffalo, NY 14221-2930

2.97. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Family Care Medical Group  
5566 Jordan Road  
Elbridge, NY 13060-9617

2.98. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Family Ear, Nose & Throat Clinic, PC  
5010 State Highway 30, Ste 204  
Amsterdam, NY 12010-7532

2.99. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Farah Dermatology & Cosmetics  
1000 E. Genesee Street, Ste 601  
Syracuse, NY 13210-1885

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.100. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Fawn Ridge Senior Living  
2902 Tibbits Avenue  
Troy, NY 12180-7077

2.101. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Faxton-St. Luke's Healthcare  
1656 Champlin Avenue  
Utica, NY 13502-4830

2.102. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Finger Lakes Cardiology Associates  
360 Parrish Street, Ste 307  
Canandaigua, NY 14424-1777

2.103. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Finger Lakes Cardiology Associates  
4 Coultier Road  
Clifton Springs, NY 14432-1122

2.104. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Finger Lakes DDSO Canandaigua Day Prog.  
3220 Middle Cheshire Road  
Canandaigua, NY 14424-2470

2.105. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

Finger Lakes DDSO E. Henrietta Day Prog.  
2059 E. Henrietta Road  
Rochester, NY 14623-3922

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.106. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Finger Lakes DDSO Geneva Day Program  
3660 County Road 6  
Geneva, NY 14456-9138

- 2.107. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Finger Lakes DDSO Metro Park  
220 Metro Park  
Rochester, NY 14623-2162

- 2.108. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Finger Lakes DDSO Parkside Commons  
5259 Parkside Drive  
Canandaigua, NY 14424-7507

- 2.109. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Finger Lakes DDSO Tymeson Day Program  
703 E. Maple Avenue  
Newark, NY 14513-1845

- 2.110. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Finger Lakes Office of  
Alternative Therapies  
751 Pre Emption Road  
Geneva, NY 14456-1335

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.111. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Finger Lakes Otolaryngology  
1206 Driving Park Avenue  
Newark, NY 14513-1057

- 2.112. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Fox & Schingo Plastic Surgery  
624 McClellan Street  
Schenectady, NY 12304-1020

- 2.113. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Francis Cullen, MD  
5 Palisades Drive, Ste 110  
Albany, NY 12205-6433

- 2.114. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Great Lakes Physicians, PC - Sanborn  
3850 Saunders Settlement Road  
Sanborn, NY 14132-9128

- 2.115. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Great Lakes Physicians, PC- Cheektowaga  
3085 Harlem Road, Ste 200  
Buffalo, NY 14225-2591

- 2.116. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Greene & Miller Dentistry  
507 E. Genesee Street  
Fayetteville, NY 13066-9999

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

- 2.117. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Heartspring  
786 Pre Emption Road  
Geneva, NY 14456-2018

- 2.118. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Helendale Dermatology & Medical Spa  
500 Helendale Road, Ste 100  
Rochester, NY 14609-3109

- 2.119. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Hillside Family of Agencies  
1183 Monroe Avenue  
Rochester, NY 14620-1662

- 2.120. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated January 27, 2014; term expires 2019 (with renewal options); Troy location

State the term remaining

List the contract number of any government contract

Hudson Park Rehabilitation and Nursing Center  
Attn: Administrator  
325 Northern Boulevard  
Albany, NY 12204-1001

- 2.121. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Hudson Valley Community College  
145 Congress Street  
Troy, NY 12180-4154

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.122. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Hudson Valley Community College  
80 Vandenburg Avenue  
Troy, NY 12180-6037

- 2.123. State what the contract or lease is for and the nature of the debtor's interest
- NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Hutchings Psychiatric Center  
620 Madison Street  
Syracuse, NY 13210-2319

- 2.124. State what the contract or lease is for and the nature of the debtor's interest
- Rental Agreement for a compressor with Serial Number VN1835 dated November 17, 2017; agreement is rent to own

State the term remaining

List the contract number of any government contract

Ingersoll Rand  
170 Wales Avenue  
Tonawanda, NY 14150

- 2.125. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Innovative Physical Therapy Solutions  
316 Sherman Street  
Watertown, NY 13601-3614

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.126. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Interlakes Oncology & Hematology  
211 White Spruce Blvd.  
Rochester, NY 14623-1618

2.127. State what the contract or lease is for and the nature of the debtor's interest

Collective Bargaining  
Agreement for Engineers  
effective April 13, 2019  
(Buffalo location);  
Agreement expires April  
12, 2019

State the term remaining

List the contract number of any government contract

International Union Operating Engineers  
Local 17-17S, AFL-CIO  
5959 Versailles Road  
Lake View, NY 14085

2.128. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement  
between Western New  
York Purchasing Alliance  
and its participating  
hospitals (as listed on  
Schedule A -  
Participating Hospital  
Agreements) and Sodexo  
Laundry Services, Inc.  
dated August 13, 2010;  
Assignment and  
Assumption Agreement  
by and among Altus  
Management, LLC  
(successor by name  
change to Western New  
York Purchasing  
Alliance), Sodexo  
Laundry Services, Inc.  
and Atlas Health Care  
Linen Services Co, LLC  
dated April 11, 2013;  
Term expires January 1,  
2015 (with renewal  
options); Buffalo location

State the term remaining

List the contract number of any government contract

John R. Oishei Children's Hospital  
219 Bryant Street  
Buffalo, NY 14222-2006



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.129. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

John Robb, MD  
99 Canal Landing Blvd.  
Rochester, NY 14626-5112

- 2.130. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Kaaterskil Operating LLC, dba Green Meadows Nursing & Rehabilitation Center dated October 1, 2016; term expires June 1, 2021 (with renewal option); Troy location

State the term remaining

List the contract number of any government contract

Kaaterskil Operating LLC  
dba Green Meadows Nursing & Rehab Center  
Attn: Administrator  
161 Jefferson Heights  
Catskill, NY 12414-1239

- 2.131. State what the contract or lease is for and the nature of the debtor's interest Laundry and Linen Distribution Services Agreement dated February 26, 2018; term expires February 28, 2019

State the term remaining

List the contract number of any government contract

Kaleida Health  
Attn: Director of Purchasing  
Larkin Building  
726 Exchange Street, Suite 210  
Buffalo, NY 14210-1484

- 2.132. State what the contract or lease is for and the nature of the debtor's interest Laundry and Linen Distribution Services Agreement with Kaleida Health dated February 26, 2018

State the term remaining

List the contract number of any government contract

Kaleida Health  
c/o Office of General Counsel  
Kaleda Health Larkin Building  
726 Exchange Street, Suite 270  
Buffalo, NY 14210-1484

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.133. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Kaleida Health Contract Labor  
726 Exchange Street  
Buffalo, NY 14210-1484

2.134. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

Kenmore Mercy Hospital  
2950 Elmwood Avenue  
Buffalo, NY 14217-1304

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

- 2.135. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

KHS BGMC Family Planning Center  
1313 Main Street  
Buffalo, NY 14209-1947

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.136. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Diabetes-Endocrinology Center of WNY  
705 Maple Road  
Buffalo, NY 14221-3208

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.137. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Hertel Elmwood Internal Med. Center  
900 Hertel Avenue  
Buffalo, NY 14216-2611

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.138. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS MSFH Flint Rehab #20945  
705 Maple Road  
Buffalo, NY 14221-3208

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.139. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Niagara Street OB/GYN  
564 Niagara Street  
Buffalo, NY 14201-1108

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.140. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Niagara Street Pediatrics  
1050 Niagara Street  
Buffalo, NY 14213-2007



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.141. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Oishei Outpatient Aquatic  
5959 Big Tree Road, Ste 200  
Orchard Park, NY 14127-2291

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.142. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Ralph C Wilson Jr Adult Day Services  
3780 Commerce Ct., Ste 100  
North Tonawanda, NY 14120-2025

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.143. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

KHS Towne Garden Pediatrics  
461 William Street  
Buffalo, NY 14204-1811

2.144. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

KMH McAuley Residence Nursing Home  
1503 Military Road  
Buffalo, NY 14217-1339

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract

- 2.145. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC  
Crouse RRL  
736 Irving Avenue, FL 9  
Syracuse, NY 13210-1687

- 2.146. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC  
North Medical Center PSC  
5100 W. Taft Road, Ste 2F  
Liverpool, NY 13088-4841

- 2.147. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC  
SJHHC PSC  
104 Union Avenue, Ste 802  
Syracuse, NY 13203-1844

- 2.148. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC  
SJHHC RRL  
301 Prospect Avenue, FL 2  
Syracuse, NY 13203-1807

- 2.149. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC  
UUH CC POB  
4900 Broad Road  
Syracuse, NY 13215-2265

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.150. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Laboratory Alliance of CNY, LLC-Lvpool  
113 Innovation Lane  
Liverpool, NY 13088-6061

- 2.151. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Lake Shore Health Care Center  
845 Route 5 and 20  
Irving, NY 14081-9706

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.152. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

Lakeshore Primary Care Associates  
4855 Camp Road  
Hamburg, NY 14075-2600

2.153. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laura K. Riposo-Hackney, LMT  
3733 Old State Road  
Erieville, NY 13061-3167

2.154. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Laurel M. White, MD  
136 Maple Road  
Buffalo, NY 14221-2922

2.155. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Troy

State the term remaining

Linen Replacement in Excess of Allowance  
3 E. Industrial Parkway  
Troy, NY 12180-5942

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.156. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Linen Replacement in Excess of Allowance  
414 W. Taylor Street  
Syracuse, NY 13202-3443

2.157. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Loftus & Ryu, MD, PC  
475 Irving Avenue, Ste 108  
Syracuse, NY 13210-1691

2.158. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Loretto Churchill Manor, Inc.  
750 E. Brighton Avenue  
Syracuse, NY 13205-2201

2.159. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Loretto Commons on St. Anthony  
3 Saint Anthony Street  
Auburn, NY 13021-4525

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.160. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto Health & Rehab. Center  
700 E. Brighton Avenue  
Syracuse, NY 13205-2201

2.161. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option)

State the term remaining

List the contract number of any government contract

Loretto Management Corporation  
Attn: CFO  
700 E. Brighton Avenue  
Syracuse, NY 13205-2201

2.162. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto Nottingham Direct Sale  
1305 Nottingham Road  
Jamesville, NY 13078-8790

2.163. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto Nottingham Rugs  
1305 Nottingham Road  
Jamesville, NY 13078-8790



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.164. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto Nottingham Senior Living Comm.  
1305 Nottingham Road  
Jamesville, NY 13078-8790

2.165. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto PACE CNY  
McAuliffe Health Center  
115 Creek Circle  
East Syracuse, NY 13057-1369

2.166. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto PACE CNY  
Sally Coyne Center for Independence  
100 Malta Lane  
Syracuse, NY 13212-2375

2.167. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto PACE CNY  
Bernadine  
417 Churchill Avenue  
Syracuse, NY 13205-2124

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.168. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Loretto Management Corporation dated July 1, 2016 (various facilities); term expires June 30, 2019 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Loretto Sedwick Hgts. Assisted Living  
1100 James Street  
Syracuse, NY 13203-2806

2.169. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Magnetic Diagnostic Resources of CNY  
North Medical Center, Suite 1A  
5100 Taft Road  
Liverpool, NY 13088

2.170. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Magnetic Diagnostic Resources of CNY  
5700 W. Genesee Street, Ste 7  
Camillus, NY 13031-3202

2.171. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Malinda Knibbs, LMT  
12 Colonial Circle, Apt 2  
Buffalo, NY 14213-1468

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.172. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Mercy Hospital of Buffalo  
565 Abbott Road  
Buffalo, NY 14220-2039

2.173. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Merit Medical Practice, PC  
500 Helendale Road, Ste 90  
Rochester, NY 14609-3109

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.174. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

MFSH Direct Sale  
1540 Maple Road  
Buffalo, NY 14221-3647

2.175. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

MHOB Ambulatory Care Center  
3669 Southwestern Blvd.  
Orchard Park, NY 14127-1732

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**List the contract number of any  
government contract \_\_\_\_\_

- 2.176. State what the contract or lease is for and the nature of the debtor's interest
- Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_

MHOB Mercy Nursing Facility at OLV  
55 Melroy Avenue  
Buffalo, NY 14218-1658

- 2.177. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract; Syracuse

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_

Mill View Assisted Living Residence  
514 Old Loudon Road  
Cohoes, NY 12047-4908

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.178. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Millard Fillmore Suburban Hospital  
1540 Maple Road  
Buffalo, NY 14221-3647

2.179. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Mohawk Valley Endoscopy Center  
116 Business Park Drive  
Utica, NY 13502-6313

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.180. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
McPike Building  
1400 Noyes Street  
Utica, NY 13502-3854

2.181. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
Pinefield 80  
1400 Noyes Street  
Utica, NY 13502-3854

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.182. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
Pinefield 82  
1400 Noyes Street  
Utica, NY 13502-3854

2.183. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
Pinefield 83  
1400 Noyes Street  
Utica, NY 13502-3854



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.184. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
Wright Building 32  
1400 Noyes Street  
Utica, NY 13502-3854

2.185. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any

Mohawk Valley Psychiatric Center  
Wright Building 85  
1400 Noyes Street  
Utica, NY 13502-3854

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.186. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Mohawk Valley Psychiatric Center  
Wright TLC  
1400 Noyes Street  
Utica, NY 13502-3854

2.187. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

Mohawk Valley Psychiatric Center  
Exchange Cart Fee  
1400 Noyes Street  
Utica, NY 13502-3854

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.188. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Mount St. Mary's Hospital of Niagara Falls dated June 25, 2013; term expires July 31, 2019 with automatic renewals; Buffalo location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Mount St. Mary's Hospital Contract Labor  
5300 Military Road  
Lewiston, NY 14092-1903

2.189. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

Mount St. Mary's Hospital Dietary  
5300 Military Road  
Lewiston, NY 14092-1903

2.190. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Mount St. Mary's Hospital of Niagara Falls dated June 25, 2013; term expires July 31, 2019 with automatic renewals; Buffalo location

Mount St. Mary's Hospital Hyperbaric  
5300 Military Road  
Lewiston, NY 14092-1903

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.191. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement dated June 25, 2013; term expires July 31, 2019 with automatic renewals; Buffalo location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Mount St. Mary's Hospital of  
Niagara Falls  
Attn: Chief Executive Officer  
5300 Military Road  
Lewiston, NY 14092-1903

2.192. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Mount St. Mary's Hospital of Niagara Falls dated June 25, 2013; term expires July 31, 2019 with automatic renewals; Buffalo location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Mt. St. Mary's Hosp. Our Lady of Peace  
Nursing Home Residence  
5285 Lewiston Road  
Lewiston, NY 14092-1942

2.193. State what the contract or lease is for and the nature of the debtor's interest Clarus Linen Systems Agreement with Neighborhood Health Center dated April 2017 (for Mattina, NW Buffalo, Southtowns and Blasdel locations); term expires 2020

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Neighborhood Health Center  
300 Niagara Street  
Buffalo, NY 14201

2.194. State what the contract or lease is for and the nature of the debtor's interest Clarus Linen Systems Agreement with Neighborhood Health Center dated April 2017 (for Mattina, NW Buffalo, Southtowns and Blasdel locations); term expires 2020; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Neighborhood Health Center - Blasdel  
4233 Lake Avenue  
Buffalo, NY 14219-1216

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.195. State what the contract or lease is for and the nature of the debtor's interest

Clarus Linen Systems Agreement with Neighborhood Health Center dated April 2017 (for Mattina, NW Buffalo, Southtowns and Blasdel locations); term expires 2020; Syracuse location

State the term remaining

List the contract number of any government contract

Neighborhood Health Center - Mattina  
300 Niagara Street  
Buffalo, NY 14201-2135

2.196. State what the contract or lease is for and the nature of the debtor's interest

Clarus Linen Systems Agreement with Neighborhood Health Center dated April 2017 (for Mattina, NW Buffalo, Southtowns and Blasdel locations); term expires 2020; Syracuse location

State the term remaining

List the contract number of any government contract

Neighborhood Health Center - NW Buffalo  
155 Lawn Avenue  
Buffalo, NY 14207-1816

2.197. State what the contract or lease is for and the nature of the debtor's interest

Clarus Linen Systems Agreement with Neighborhood Health Center dated April 2017 (for Mattina, NW Buffalo, Southtowns and Blasdel locations); term expires 2020; Syracuse location

State the term remaining

List the contract number of any government contract

Neighborhood Health Center - Southtowns  
151 Elmview Avenue  
Hamburg, NY 14075-3762

2.198. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Neil Scheier, MD  
410 Clifton Springs Professional Park  
Clifton Springs, NY 14432-1037

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.199. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Neurological Associates Albany  
760 Madison Avenue  
Albany, NY 12208-3464

- 2.200. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

New Eng. Laser & Cosmetic Surgery Center  
1072 Troy Schenectady Road, STE 101  
Latham, NY 12110-1025

- 2.201. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

NFMMC Emergency Department  
621 10th Street  
Niagara Falls, NY 14301-1813

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.202. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Niagara Falls Memorial Medical Center  
621 10th Street  
Niagara Falls, NY 14301-1813

2.203. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Norman Meisner, DDS  
225 Fairview Avenue  
Hudson, NY 12534-1207

2.204. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

North Coast Dental Group  
1875 Hudson Avenue  
Rochester, NY 14617-5107

2.205. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

North Country Orthopaedics Group  
1571 Washington Street, STe 202  
Watertown, NY 13601-9304

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.206. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Northeast Orthodontic Associates  
709 N. Main Street  
Syracuse, NY 13212-1669

2.207. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Northern Litho & Uro Therapies, Inc.  
17 S. 1st Street  
Fulton, NY 13069-1704

2.208. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Novelis Corporation  
72 Alcan Road  
Oswego, NY 13126-9999

2.209. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

NY Oncology Hematology PC-ALMC Stem Cell  
43 New Scotland Avenue  
Albany, NY 12208-3412

2.210. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

NY Oncology Hematology, PC - ALMC  
43 New Scotland Avenue  
Albany, NY 12208-3412



Debtor 1 Atlas Health Care Linen Services Co., LLC  
First Name Middle Name Last Name

Case number (if known) 18-31753-5

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.211. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC - Amsterdam  
1700 Riverfront Ctr.  
Amsterdam, NY 12010-4620

2.212. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC - Patroon Crk  
400 Patroon Creek Blvd.  
Albany, NY 12206-5013

2.213. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC- Troy  
258 Hoosick Street, Ste 206  
Troy, NY 12180-2450

2.214. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC-Clifton Pk  
3 Crossing Blvd, Ste 1  
Clifton Park, NY 12065-4154

2.215. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC-Rexford  
896 Riverview Road  
Rexford, NY 12148-1318

2.216. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

NY Oncology Hematology, PC - Hudson  
69 Prospect Avenue  
Hudson, NY 12534-2907

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.217. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through its County Executive and New York State Industries For The Disabled dated March 2017; and Authorization to Proceed Partnership between NYSID and Clarus Linen Systems and Customer Renewal Option of New Term Contract (Albany County Correctional Facility); term expires December 31, 2018 (with renewal option); Troy location

State the term remaining

List the contract number of any government contract

NYS Dept of Corrections Training Academy  
1134 New Scotland Road  
Albany, NY 12208-1041

2.218. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through the Albany County Department of Residential Healthcare Facilities and New York State Industries For The Disabled; and Partnership Customer Price Concurrence between NYSID and Clarus Linens dated May 14, 2018 (Albany County Nursing Home); term expires December 31, 2020 (with renewal option)

State the term remaining

List the contract number of any government contract

NYS Industries For The Disabled  
Attn: VP, Contract Administration  
11 Columbia Circle Drive  
Albany, NY 12203

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.219. State what the contract or lease is for and the nature of the debtor's interest

Agreement with the County of Albany acting by and through its County Executive and New York State Industries For The Disabled dated March 2017; and Authorization to Proceed Partnership between NYSID and Clarus Linen Systems and Customer Renewal Option of New Term Contract (Albany County Correctional Facility); term expires December 31, 2018 (with renewal option)

State the term remaining

List the contract number of any government contract

NYS Industries For The Disabled  
Attn: VP, Contract Administration  
11 Columbia Circle Drive  
Albany, NY 12203

2.220. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc. Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center); term expired December 31, 2008 and is now month to month

State the term remaining

List the contract number of any government contract

NYS Industries For The Disabled  
Attn: VP, Contract Administration  
11 Columbia Circle Drive  
Albany, NY 12203

2.221. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

NYS Veteran's Home at Batavia  
220 Richmond Avenue  
Batavia, NY 14020-1227

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.222. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

O'Connor Medical Group  
3075 Southwestern Blvd., Ste 100  
Orchard Park, NY 14127-1236

2.223. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

OrthoSports Orthopedic, Sports & Spine  
3970 Harlem Road  
Buffalo, NY 14226-4739

2.224. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Oswego County Opportunities, Inc.  
10 George Street  
Oswego, NY 13126-2962

2.225. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Oswego County Urology PC  
17 South First Street  
Fulton, NY 13069-1704

2.226. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Oswego Hosp Behavioral Health Services  
74 Bunner Street  
Oswego, NY 13126-3357

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.227. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Oswego Hosp Central Square Med Center  
3045 East Avenue  
Central Square, NY 13036-9502

2.228. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option)

State the term remaining

List the contract number of any government contract

Oswego Hospital  
Attn: Director of Materials Management  
110 West Sixth Street  
Oswego, NY 13126-2507

2.229. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Oswego Hospital Direct Sale  
110 West 6th Street  
Oswego, NY 13126-2507

2.230. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

Oswego Hospital Fulton Medical Center  
510 South 4th Street  
Fulton, NY 13069-2994

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract

2.231. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Oswego Hospital Manor at Seneca Hill  
20 Manor Drive  
Oswego, NY 13126-6495

2.232. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Oswego Hospital Scrubs  
110 West 6th Street  
Oswego, NY 13126-2507

2.233. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Oswego Hospital dated January 1, 2015 with Oswego Hospital also including the affiliated Manor at Seneca Hill; term expires 2020 (with renewal option); Syracuse location

State the term remaining

List the contract number of any government contract

Owsego Hospital Operating Room  
110 West 6th Street  
Oswego, NY 13126-2507

Debtor 1 Atlas Health Care Linen Services Co., LLC  
First Name Middle Name Last Name

Case number (if known) 18-31753-5

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.234. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Paciorek Facial Plastic Surgery  
4900 Broad Road, Ste 2D  
Syracuse, NY 13215-2265

2.235. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Parkway Pediatric & Adolescent Medicine  
353 Island Cottage Road  
Rochester, NY 14612-2349

2.236. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Paul A. Karpinski, DDS  
Karpinski & Karpinski  
183 Genesee Street  
Auburn, NY 13021-3370

2.237. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Pediatric Cardiology, LLC  
725 Irving Avenue, Ste 804  
Syracuse, NY 13210-1682

2.238. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Pittsford Internal Medicine  
59 Monroe Avenue, Ste E  
Pittsford, NY 14534-1308

2.239. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Planned Parenthood - Schenectady/Utica  
1040 State Street  
Schenectady, NY 12307-1508

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.240. State what the contract or lease is for and the nature of the debtor's interest

Clarus Linen Systems  
Linen Service Agreement  
dated February 23, 2017;  
term expires 2020

State the term remaining

List the contract number of any government contract

Planned Parenthood - Syracuse Center  
Attn: CFO  
1120 East Genesee Street  
Syracuse, NY 13210-1912

2.241. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Planned Parenthood - West Seneca  
240 Center Road  
Buffalo, NY 14224-1947

2.242. State what the contract or lease is for and the nature of the debtor's interest

Clarus Linen Systems  
Linen Service Agreement  
dated February 28, 2017;  
term expires 2020

State the term remaining

List the contract number of any government contract

Planned Parenthood-Rochester Center  
Attn: CFO  
114 University Avenue  
Rochester, NY 14605-2929

2.243. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Pontiac Nursing Home  
303 E. River Road  
Oswego, NY 13126-6400

2.244. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
Syracuse

State the term remaining

List the contract number of any government contract

Port City Family Medicine, PC  
33 E. Schuyler Street  
Oswego, NY 13126-1161

2.245. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
SyracuseRadNet Inc.  
2259 Clinton Avenue S.  
Rochester, NY 14618-2623



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.246. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Rejha Group  
23 Railroad Avenue  
Albany, NY 12205-5910

- 2.247. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Ridgeview Internal Medicine  
1850 E. Ridge Road  
Rochester, NY 14622-2448

- 2.248. State what the contract or lease is for and the nature of the debtor's interest Agreement with River Hospital of Alexandria Bay dated February 15, 2008; term expires February 15, 2013 - contract month to month; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

River Hospital Direct Sale  
4 Fuller Street  
Alexandria Bay, NY 13607-1316

- 2.249. State what the contract or lease is for and the nature of the debtor's interest Agreement with River Hospital of Alexandria Bay dated February 15, 2008; term expires February 15, 2013 - contract month to month; Syracuse location

State the term remaining

List the contract number of any government contract \_\_\_\_\_

River Hospital of Alexandria Bay  
4 Fuller Street  
Alexandria Bay, NY 13607-1316

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.250. State what the contract or lease is for and the nature of the debtor's interest

Agreement with River Hospital of Alexandria Bay dated February 15, 2008; term expires February 15, 2013 - contract month to month; Syracuse location

State the term remaining

List the contract number of any government contract

River Hospital Rugs  
4 Fuller Street  
Alexandria Bay, NY 13607-1316

2.251. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Rochester Community Orthopaedics  
20 Hagen Drive, Ste 110  
Rochester, NY 14625-2665

2.252. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Rochester Gynecologic & Obstetrics Associates, PC - Lattimore Road  
125 White Spruce Blvd., Ste 600  
Rochester, NY 14623-1607

2.253. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Rochester Gynecologic & Obstetrics Associates, PC - Pittsford  
1050 Pittsford Victor Road  
Pittsford, NY 14534-3812

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.254. State what the contract or lease is for and the nature of the debtor's interest

NYS Industries For The Disabled, Inc.  
 Authorization to Proceed with Atlas Health Care Linen Services dated February 22, 2008; Addendum between The State of New York acting by and through the New York State Office of Mental Health and NYSID for modification of Contract Number C008249 effective January 1, 2008; (Rochester Psychiatric Center, Capital District Psychiatric Center and various other locations); term expired December 31, 2008 and is now month to month; Syracuse location

State the term remaining

List the contract number of any government contract

Rochester Psychiatric Center  
 1111 Elmwood Avenue  
 Rochester, NY 14620-3005

2.255. State what the contract or lease is for and the nature of the debtor's interest

Collective Bargaining Agreement dated October 4, 2017 (Buffalo location); Agreement expires October, 2020

State the term remaining

List the contract number of any government contract

Rochester Regional Joint Board  
 Local 2607  
 715 Old Liverpool Road  
 Liverpool, NY 13088

2.256. State what the contract or lease is for and the nature of the debtor's interest

Collective Bargaining Agreement effective November 1, 2016 (Buffalo location); Agreement expires October 31, 2019 approximately 11 months

State the term remaining

List the contract number of any government contract

Rochester Regional Joint Board  
 Local 51  
 4429 Union Road  
 Buffalo, NY 14225

2.257. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract;  
 Syracuse

State the term remaining

Saratoga Hair Transplant Center  
 60 Railroad Place, Ste 102  
 Saratoga Springs, NY 12866-3048

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**List the contract number of any  
government contract \_\_\_\_\_2.258. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Syracuse

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Saratoga Hospital Clinics  
211 Church Street  
Saratoga Springs, NY 12866-10032.259. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Syracuse

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Sedona Holistic Medical Centre  
4535 Southwestern Blvd, Ste 801-802  
Hamburg, NY 14075-18602.260. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Syracuse

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Shire at Culverton Adult Home  
2515 Culver Road  
Rochester, NY 14609-17512.261. State what the contract or  
lease is for and the nature of  
the debtor's interest Customer Contract;  
Syracuse

State the term remaining

List the contract number of any  
government contract \_\_\_\_\_Simmonds, Brady & Loi Oral Surgery  
19 E. Genesee Street  
Auburn, NY 13021-4058

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.262. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

List the contract number of any government contract

Sisters of Charity Hospital  
2157 Main Street  
Buffalo, NY 14214-2648

2.263. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Buffalo location

State the term remaining

Sisters of Charity St. Joseph Campus  
2605 Harlem Road  
Buffalo, NY 14225-4018

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

List the contract number of any government contract \_\_\_\_\_

2.264. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

SJH Cardiology Associates  
4820 W. Taft Road, Ste 209  
Liverpool, NY 13088-2806

2.265. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

SJH HC Primary Care (6725)  
321 Gifford Street  
Syracuse, NY 13204-3201

2.266. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

SJH Health Center Cardio Janus (6723)  
7246 Janus Park Drive  
Liverpool, NY 13088-4839

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.267. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center CSD  
301 Prospect Avenue  
Syracuse, NY 13203-1807

2.268. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center Dialysis - Camillus  
5101 W. Genesee Street  
Camillus, NY 13031-2371

2.269. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center Hemo - Seneca  
8302 Provo Drive  
Liverpool, NY 13090-4112

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.270. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center Hyperbaric (7397)  
4206 Medical Center Drive  
Fayetteville, NY 13066-6642

2.271. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center NE Hemo  
4105 Medical Center Drive, Fl 1  
Fayetteville, NY 13066-6636

2.272. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center OPT (7512)  
5008 Brittonfield Parkway, Ste 103  
East Syracuse, NY 13057-9248



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.273. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJH Health Center PAT  
104 Union Avenue, Ste 904  
Syracuse, NY 13203-1845

2.274. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC Family Medicine Center (6861)  
301 Prospect Avenue, Ste 601  
Syracuse, NY 13203-1807

2.275. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC NE Surgery Center (6836)  
4208 Medical Center Drive  
Fayetteville, NY 13066-6642

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.276. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC North Surgery Center (6835)  
5100 W. Taft Road  
Liverpool, NY 13088-3807

2.277. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC OB Clinic OBC (6865)  
301 Prospect Avenue, Ste 706  
Syracuse, NY 13203-1807

2.278. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC Primary Care - James Street  
742 James Street, Fl 2  
Syracuse, NY 13203-2017

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.279. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC RE Dialysis

973 James Street

Syracuse, NY 13203-2524

2.280. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC Sleep Lab - Janus Park

7246 Janus Park Drive

Liverpool, NY 13088-4839

2.281. State what the contract or lease is for and the nature of the debtor's interest

Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJHHC Therapy 4th Floor

4401 Medical Center Drive

Fayetteville, NY 13066-6603

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.282. State what the contract or lease is for and the nature of the debtor's interest
- Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

SJP Upstate Surgical Group, PC  
5100 W. Taft Road, Ste 2E  
Liverpool, NY 13088-4841

- 2.283. State what the contract or lease is for and the nature of the debtor's interest
- Service Contract for recycling equipment dated January 23, 2017; contract expires January 2020 with automatic yearly renewals

State the term remaining

List the contract number of any government contract

Skyline Dynamics, LLC  
1521 Alton Road #478  
Miami Beach, FL 33139

- 2.284. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

SNY Surgery Center  
5781 Bridge Street, Ste 30  
East Syracuse, NY 13057-2944

- 2.285. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Southgate Medical Group  
1026 Union Road  
Buffalo, NY 14224-3445

- 2.286. State what the contract or lease is for and the nature of the debtor's interest
- Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Spectrum Radiology Associates, PLLC  
1150 Youngs Road, Ste 111  
Buffalo, NY 14221-8024

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.287. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

St. Elizabeth Medical Center Ancillary  
2209 Genesee Street  
Utica, NY 13501-5930

2.288. State what the contract or lease is for and the nature of the debtor's interest Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

St. Joseph's Hospital Health Center  
Attn: COO  
301 Prospect Street  
Syracuse, NY 13203-1807

2.289. State what the contract or lease is for and the nature of the debtor's interest Services Agreement with St. Joseph's Hospital Health Center dated January 1, 2016 (various locations); and Amendment to Services Agreement dated June 1, 2017; term expires May 21, 2020 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

St. Joseph's Physicians  
5100 W. Taft Road, Ste 1D  
Liverpool, NY 13088-3808

2.290. State what the contract or lease is for and the nature of the debtor's interest State of New York Agreement for Linen Supply Services with St. Lawrence Psychiatric Center for period of January 1, 2018 through February 28, 2019; Syracuse location

State the term remaining

List the contract number of any government contract

St. Lawrence Psychiatric Center  
Attn: Business Officer  
1 Chimney Point Drive  
Ogdensburg, NY 13669-2212

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

- 2.291. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

St. Peter's Surgery and Endoscopy Center  
1375 Washington Avenue  
Albany, NY 12206-1070

- 2.292. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement dated September 22, 2012

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.293. State what the contract or lease is for and the nature of the debtor's interest Custom Product Agreement dated December 19, 2016; agreement expired December 19, 2017, with automatic yearly renewals

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.294. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement dated April 12, 2013

State the term remaining

List the contract number of any government contract

Standard Textile  
One Knollcrest Drive  
Cincinnati, OH 45237

- 2.295. State what the contract or lease is for and the nature of the debtor's interest Bag Purchase and Recycling Agreement dated January 19, 2017 for the Syracuse, New York facility

State the term remaining

List the contract number of any government contract

Streamline Solutions, LLC  
P.O. Box 560775  
Orlando, FL 32856

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.296. State what the contract or lease is for and the nature of the debtor's interest

Bag Purchase and Recycling Agreement dated January 19, 2017 for the Troy, New York facility

State the term remaining

List the contract number of any government contract

Streamline Solutions, LLC  
P.O. Box 560775  
Orlando, FL 32856

2.297. State what the contract or lease is for and the nature of the debtor's interest

Service Contracting for recycling equipment dated October 8, 2008; contract expired October 2009 with automatic yearly renewal

State the term remaining

List the contract number of any government contract

Super Link Plastic, Inc.  
888 92nd Avenue  
Oakland, CA 94603

2.298. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

SYR Penrick Enterprises, Inc.  
DBA Ricks Rags  
124 Hickory Street  
Canastota, NY 13032-0030

2.299. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Syracuse Educational Opportunity Center  
100 New Street, Rm 200  
Syracuse, NY 13202-3523

2.300. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Syracuse Endoscopy Associates  
739 Irving Avenue, Ste 420  
Syracuse, NY 13210-1652

2.301. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

Syracuse Fire Chief Office  
900 South State Street  
Syracuse, NY 13202-3604

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract

2.302. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Syracuse Fire Department - Airport  
1000 Col Eileen Collins Blvd.  
Syracuse, NY 13212-3903

2.303. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Syracuse Surgery Center  
3400 Vickery Road  
Syracuse, NY 13212-4540

2.304. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Syracuse University  
111 Waverly Avenue  
Syracuse, NY 13210-1722

2.305. State what the contract or lease is for and the nature of the debtor's interest Collective Bargaining Agreement dated October 1, 2016 for Drivers (Syracuse location); Agreement expires September 30, 2019

State the term remaining

List the contract number of any government contract

Teamster Union Local 294  
890 3rd Street  
Albany, NY 12206

2.306. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Texas Med Diagnostics, Inc.-Sleep Center  
1000 E. Genesee Street  
Syracuse, NY 13210-1892



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.307. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

The Centers at Camillus  
813 Fay Road  
Syracuse, NY 13219-3009

2.308. State what the contract or lease is for and the nature of the debtor's interest Agreement between The Jewish Home of Central New York, Inc. and Northern Health Care Linen Services dated February 1, 2004 and Addendum by and between Menorah Park and Atlas Health Care Linen Services dated 2009; term expires April 30, 2014 - month to month; Syracuse location

State the term remaining

List the contract number of any government contract

The Jewish Home of Central New York, Inc  
Attn: Administrator  
4101 East Genesee Street  
Syracuse, NY 13214-2136

2.309. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with The Saratoga Hospital, Inc. dated September 2, 2015 (various locations); term expires November 30, 2020 (with renewal option); Troy location

State the term remaining

List the contract number of any government contract

The Saratoga Hospital, Inc.  
Attn: Director of Facilities  
211 Church Street  
Saratoga Springs, NY 12866

2.310. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Tiffany Genewick, MD  
2741 Transit Road  
Elma, NY 14059-9036

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.311. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Troy

State the term remaining

List the contract number of any government contract

TR Penrick Enterprises, Inc. - RAGS  
P.O. Box 30  
Canastota, NY 13032-0030

2.312. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Buffalo

State the term remaining

List the contract number of any government contract

Tri County Family Medicine  
1 School Street, Ste 107  
Gowanda, NY 14070-1143

2.313. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Troy

State the term remaining

List the contract number of any government contract

Twin Rivers Medical PC  
16 Danforth Street  
Hoosick Falls, NY 12090-1226

2.314. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

UBMD  
1001 Main Street, FL 4  
Buffalo, NY 14203-1009

2.315. State what the contract or lease is for and the nature of the debtor's interest Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Mem Med Center Physical Therapy  
99 Med Tech Drive  
Batavia, NY 14020-9712

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.316. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Med Center Primary Care  
3 Tountas Avenue, Ste 4  
Le Roy, NY 14482-1368

2.317. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Buffalo location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Attn: Dir. of Supply Chain Management  
127 North Street  
Batavia, NY 14020-1631

2.318. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Batavia Family Care  
16 Bank Street  
Batavia, NY 14020-2250

2.319. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Jerome ARU  
16 Bank Street  
Batavia, NY 14020-2250

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.320. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Jerome Corporate Health  
16 Bank Street  
Batavia, NY 14020-2250

2.321. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Jerome Dietary  
16 Bank Street  
Batavia, NY 14020-2250

2.322. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Jerome Urgent Care Radiology  
16 Bank Street  
Batavia, NY 14020-2250

2.323. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Medina Family Care  
11225 Maple Ridge Road  
Medina, NY 14103-1845

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.324. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with United Memorial Medical Center dated September 15, 2014 (various facilities); term expires August 31, 2017 (renewal option to 2019); Syracuse location

State the term remaining

List the contract number of any government contract

United Memorial Medical Center  
Medina Women's Care  
11225 Maple Ridge Road  
Medina, NY 14103-1845

2.325. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Univ at Buffalo Surgeons-Vascular Surg.  
1150 Youngs Road, Ste 108  
Buffalo, NY 14221-8024

2.326. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Univ. of Rochester Vascular Surgery  
30 Hagen Drive, Ste 320  
Rochester, NY 14625-2658

2.327. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

University Cardiovascular Assoc.  
101 Canal Landing Blvd., Ste 8  
Rochester, NY 14626-5109

2.328. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

University Gastroenterology  
1000 E. Genesee Street, Ste 206  
Syracuse, NY 13210-1853

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.329. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

University Surgical Associates, LP  
750 E. Adams Street  
Syracuse, NY 13210-2306

2.330. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Orthopedics Ambulatory Surg. Ctr  
6620 Fly Road, Ste 300  
East Syracuse, NY 13057-9717

2.331. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Univ Hosp - Community Campus  
4900 Broad Road  
Syracuse, NY 13215-2265

2.332. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Univ Hosp CC Sleep Center  
5700 W. Genesee Street  
Camillus, NY 13031-3200

2.333. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Univ Hosp. CC Contract Labor  
4900 Borad Road  
Syracuse, NY 13215-2265

2.334. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Univ. Hosp. CC Satellites  
4900 Broad Road  
Syracuse, NY 13215-2265

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.335. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate Univ. Hospital CC Mops  
4900 Broad Road  
Syracuse, NY 13215-2265

2.336. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate University Hosp CC  
Breast Care Center - OHACMS, PC  
4900 Broad Road, Ste 1D  
Syracuse, NY 13215-2265

2.337. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate University Hosp Lab Coats  
750 E. Adams Street, FL 6  
Syracuse, NY 13210-2342

2.338. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate University Hospital  
Manlius Health Center  
102 W. Seneca Street  
Manlius, NY 13104-2480

2.339. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Upstate University Hospital CC  
Cancer Center - Oneida  
603 Seneca Street, Ste 2  
Oneida, NY 13421-2653

2.340. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

Upstate University Hospital CC  
Univ Otolaryngology at Fayetteville  
4304 Medical Center Drive, Ste 304  
Fayetteville, NY 13066-6625

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.341. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Upstate University Hospital CC  
University Otolaryngology at Liverpool  
5100 W. Taft Road, Ste 3E  
Liverpool, NY 13088-3809

2.342. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Upstate University Hospital CC  
University Pulmonary & Sleep Medicine  
4900 Broad Road, Ste 21  
Syracuse, NY 13215-2265

2.343. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Upstate University Hospital CC  
West Outpatient - Velasko Road  
4761 Onondaga Blvd.  
Syracuse, NY 13219-3315

2.344. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Upstate University Hospital COG  
750 E. Adams Street  
Syracuse, NY 13210-2306

2.345. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Upstate University Hospital Physicians  
Hematology/Oncology & Rheumatology  
1000 E. Genesee Street, Ste 403  
13210-1840



Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.346. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

URMC Specialty Services  
3170 West Street, Ste 275  
Canandaigua, NY 14424-1711

2.347. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

UUP Upstate Cardiology North  
138 E. Genesee Street, Unit 2  
Baldwinsville, NY 13027-2720

2.348. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

UUP Upstate Cardiology West  
5700 W. Genesee Street, Ste 128  
Camillus, NY 13031-3206

2.349. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Vascular Surgeons of CNY  
104 Union Avenue, #1003-1004  
Syracuse, NY 13203-1843

2.350. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Vega Aesthetic & Reconstructive Surgery  
1050 Pittsford Victor Road, Ste B  
Pittsford, NY 14534-3812

2.351. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

VET Direct Sale  
220 Richmond Avenue  
Batavia, NY 14020-1227

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.352. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement between Western New York Purchasing Alliance and its participating hospitals (as listed on Schedule A - Participating Hospital Agreements) and Sodexo Laundry Services, Inc. dated August 13, 2010; Assignment and Assumption Agreement by and among Altus Management, LLC (successor by name change to Western New York Purchasing Alliance), Sodexo Laundry Services, Inc. and Atlas Health Care Linen Services Co, LLC dated April 11, 2013; Term expires January 1, 2015 (with renewal options); Syracuse location

State the term remaining

List the contract number of any government contract

WCHOB Women's OB/GYN Health Center  
462 Grider Street  
Buffalo, NY 14215-3021

2.353. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Wesley Gardens Direct Sale  
3 Upton Park  
Rochester, NY 14607-1500

2.354. State what the contract or lease is for and the nature of the debtor's interest

Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

Wesley Gardens Nursing Home  
3 Upton Park  
Rochester, NY 14607-1500

Debtor 1 Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

First Name Middle Name Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.355. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Whittier Health Services Inc. as receiver for Hudson Valley Care Centers, Inc. d/b/a Whittier Rehabilitation &amp; Skilled Nursing Center and d/b/a Whittier Place dated August 25, 2016; term expires October 17, 2019 (with 1 year renewal option)

State the term remaining

List the contract number of any government contract

Whittier Health Services, Inc.  
25 Railroad Square  
Haverhill, MA 01832

2.356. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Whittier Health Services Inc. as receiver for Hudson Valley Care Centers, Inc. d/b/a Whittier Rehabilitation &amp; Skilled Nursing Center and d/b/a Whittier Place dated August 25, 2016; term expires October 17, 2019 (with 1 year renewal option); Troy location

State the term remaining

List the contract number of any government contract

Whittier Place Assisted Living Center  
30 Whittier Way  
Ghent, NY 12075-3213

2.357. State what the contract or lease is for and the nature of the debtor's interest

Linen Service Agreement with Whittier Health Services Inc. as receiver for Hudson Valley Care Centers, Inc. d/b/a Whittier Rehabilitation &amp; Skilled Nursing Center and d/b/a Whittier Place dated August 25, 2016; term expires October 17, 2019 (with 1 year renewal option); Troy location

State the term remaining

List the contract number of any government contract

Whittier Rehab & Skilled Nursing Center  
1 Whittier Way  
Ghent, NY 12075-3213

Debtor 1 Atlas Health Care Linen Services Co., LLC

First Name

Middle Name

Last Name

Case number (if known)

18-31753-5

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.358. State what the contract or lease is for and the nature of the debtor's interest Customer Contract; Syracuse

State the term remaining

List the contract number of any government contract

William H. Stephan, PC  
4080 Delaware Avenue  
Tonawanda, NY 14150-6848

**Fill in this information to identify the case:**

Debtor name Atlas Health Care Linen Services Co., LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31753-5

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Alliance Laundry & Textile Service, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Alliance Laundry & Textile Service, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Alliance Laundry & Textile Service, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Alliance Laundry & Textile Service, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Alliance Laundry & Textile Service, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

*Column 1: Codebtor*

*Column 2: Creditor*

2.6	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	Alliance Laundry and Textile Service	of Atlanta, LLC 60 Grider Street Buffalo, NY 14215	GGG Partners, LLC,as Liquidating Trustee	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.120</u> <input type="checkbox"/> G _____
2.12	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

*Column 1: Codebtor*

*Column 2: Creditor*

2.13	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.14	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Alliance LTS Winchester, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Atlas Health Care Linen Services Co., LLC

Case number (if known) 18-31753-5

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.21	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.22	Centerstone Linen Services, LLC	60 Grider Street Buffalo, NY 14215	ACN Companies, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
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2.23	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.26	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	John Giardino	188 Bidwell Parkway Buffalo, NY 14222	HSBC Bank USA, National Association	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	Centerstone Linen Services LLC	60 Grider Street Buffalo, NY 14215	60 Grider LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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**United States Bankruptcy Court**  
**Northern District of New York**

In re Atlas Health Care Linen Services Co., LLC Case No. 18-31753-5  
Debtor(s) Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |             |
|---|----|-------------|
| For legal services, I have agreed to accept .....           | \$ | <u>0.00</u> |
| Prior to the filing of this statement I have received ..... | \$ | <u>0.00</u> |
| Balance Due .....   | \$ | <u>0.00</u> |
2. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify): See Disclosure of Compensation for Centerstone Linen Services, LLC (Chapter 11 Case No. 18-31754)
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]  
Negotiate with all creditors, including secured creditors, unsecured creditors, taxing authorities and other government agencies concerning claim treatment, negotiate with prospective purchasers, administer sale of assets under section 363 of the Bankruptcy Code, negotiate use of cash collateral, prepare chapter 11 plans and disclosure statements and all matters to properly administer chapter 11 cases.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2019

*Date*

/s/ Stephen A. Donato

Stephen A. Donato

*Signature of Attorney*

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax: (315) 218-8100

sdonato@bsk.com

*Name of law firm*

**United States Bankruptcy Court  
Northern District of New York**

In re Atlas Health Care Linen Services Co., LLC

Debtor(s)

Case No. 18-31753-5

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Centerstone Linen Services, LLC 60 Grider Street Buffalo, NY 14215			100% Interest

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chief Executive Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 11, 2019

Signature /s/ John Giardino  
John Giardino

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of New York**

In re	<u>Atlas Health Care Linen Services Co., LLC</u>	Case No.	<u>18-31753-5</u>
	Debtor(s)	Chapter	<u>11</u>

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Atlas Health Care Linen Services Co., LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Centerstone Linen Services, LLC  
60 Grider Street  
Buffalo, NY 14215

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☐ None [*Check if applicable*]

January 11, 2019

Date

/s/ Stephen A. Donato

Stephen A. Donato

Signature of Attorney or Litigant

Counsel for Atlas Health Care Linen Services Co., LLC

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax:(315) 218-8100

sdonato@bsk.com